MAXIMUS Federal Services

Case Number:	CM15-0137525		
Date Assigned:	07/27/2015	Date of Injury:	03/31/2009
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the neck, low back, bilateral shoulders and left knee on 3/31/09. Previous treatment included lumbar fusion, hardware removal, right shoulder arthroscopy, right knee arthroscopy, physical therapy, acupuncture, injections and medications. The injured worker had also been receiving ongoing treatment for hypertension and gastropathy secondary to anti-inflammatory medications. In a progress note dated 4/24/15, the injured worker complained of ongoing pain to the cervical spine, low back, bilateral shoulders, bilateral knees, bilateral feet and bilateral ankles rated 4-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation and spasms, positive axial loading compression test and Spurling's maneuver, bilateral shoulders with positive impingement and Hawkins, lumbar spine with pain upon range of motion and tenderness to palpation, bilateral knees with tenderness to palpation and pain upon range of motion and bilateral feet and ankles with tenderness to palpation and pain upon range of motion. Current diagnoses included cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, status post right shoulder arthroscopy, status post lumbar fusion, status post removal of lumbar hardware, bilateral hip bursitis, internal derangement of bilateral knees, status post right knee arthroscopy, bilateral plantar fasciitis and bilateral ankle internal derangement. The physician noted that the injured worker was awaiting authorization for cervical spine surgery. On 5/18/15, a request for authorization was submitted for Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anti-emetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to anti-emetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use, recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.