

Case Number:	CM15-0137828		
Date Assigned:	07/27/2015	Date of Injury:	10/20/2010
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

The applicant is a represented 45-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 20, 2010. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for ondansetron (Zofran). The claims administrator referenced a May 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a May 15, 2015 order form, Relafen, Prevacid, and Zofran were endorsed. Preprinted checkboxes were employed. Little to no narrative commentary accompanied the order. In an associated progress note dated April 21, 2015, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The applicant received a Toradol injection and a vitamin B12-Marcaine injection in the clinic. Lumbar MRI imaging was endorsed. The applicant's permanent work restrictions were renewed. It was not clearly state whether the applicant was or was not working with said limitations in place. There was no mention of the applicant's having any issues with nausea or vomiting on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #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, Pain Chapter, Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>. U.S. Food and Drug Administration Ondansetron (marketed as Zofran).

Decision rationale: No, the request for ondansetron (Zofran) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Food and Drug Administration (FDA) notes that ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there is no mention of the applicant experiencing any symptoms of nausea or vomiting on the April 21, 2015 office visit at issue. It was not clearly stated or clearly established for what issue, diagnosis, and/or purpose ondansetron (Zofran) had been prescribed, nor was it established whether or not ongoing usage of ondansetron was or was not effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.