

Case Number:	CM15-0140982		
Date Assigned:	07/30/2015	Date of Injury:	09/21/2012
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 67 year old female, who sustained an industrial injury on 9-21-2012 due to a motor vehicle accident. Diagnoses include shoulder and arm sprain and strain, traumatic arthropathy, and sprain of hand. Treatment to date has included diagnostics, medications, physical therapy, work modifications and epidural steroid injections. Current medications include Gabapentin, Ondansetron and Norco. Per the handwritten Primary Treating Physician's Progress Report dated 6-24-2015, the injured worker reported lumbar spine symptoms. Pain radiates to the bilateral lower extremities. Upon physical examination she ambulates slowly. Straight leg raise was positive at 50 degrees. There was tenderness at L3-L5 with spasm. The plan of care included medication management and authorization was requested for Ondansetron 4mg, and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4 mg Qty 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 (Chronic) - Ondansetron (Zofran); Anti-emetics (for opioid nausea).

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), Ondansetron (Zofran®).

Decision rationale: The requested Ondansetron 4 mg Qty 30, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has lumbar spine symptoms. Pain radiates to the bilateral lower extremities. Upon physical examination she ambulates slowly. Straight leg raise was positive at 50 degrees. There was tenderness at L3-L5 with spasm. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron 4 mg Qty 30 is not medically necessary.