

Case Number:	CM15-0144570		
Date Assigned:	08/05/2015	Date of Injury:	03/26/2002
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 45-year-old male with a March 26, 2002 date of injury. A progress note dated June 15, 2015 documents subjective complaints (ongoing pain and discomfort of the low back that radiates to the buttocks; significant amount of pain and stiffness of the lumbar spine and lower extremity while performing activities of daily living; pain rated at a level of 4 to 5 out of 10), objective findings (slow, deliberate gait; discomfort bilaterally with heel-toe walk; loss of lumbar lordosis; tenderness to palpation of the lumbar spine; decreased range of motion of the lumbar spine; positive straight leg raise bilaterally, worse on the left), and current diagnoses (status post spinal fusion with failed back surgery syndrome, intrathecal pump implant; bilateral thoracic arthropathy; right lumbar radiculopathy; lumbar facet joint arthropathy). Treatments to date have included lumbar spine fusion, computed tomography of the lumbar spine (May 3, 2007; showed indications of loosening of the left pedicle screw from previous fusion), medications, and physical therapy that helps a lot with the pain. The medical record indicates that medications help control the pain. The treating physician requested authorization for Ondansetron ODT 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.9.15 Ondansetron ODT 4mg #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 Procedure, Mosbys Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 41.

Decision rationale: According to the ODG guidelines, antiemetic are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses. The nausea was related to the analgesics is the intrathecal pump. The Odansetron is not medically necessary.