

Case Number:	CM15-0169451		
Date Assigned:	09/10/2015	Date of Injury:	07/15/2003
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 7-15-2003. He reported a low back injury from lifting activity. Diagnoses include lumbar disc disorder with myelopathy, radiculopathy, failed back surgical syndrome, urinary incontinence, constipation, anxiety and depression. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing low back pain. Current medications included Trazodone and Methadone. The medications were noted to decreased pain and increase functional ability. On 6-5-15, the physical examination documented no objective physical findings. The appeal requested authorization for a prescription of Ondansetron 4mg tablets #90 with two refills. The Utilization Review dated 7-31-15, denied the request stating that the Official Disability Guidelines did not recommend for nausea and vomiting secondary to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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/Antiemetics (for opioid nausea).

Decision rationale: According to ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines state that Ondansetron (Zofran) 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. The injured worker does not meet the criteria for being provided with this medication. This medication is not supported for nausea and vomiting associated with opioid use. The request for Ondansetron 4mg #90 with 2 refills is not medically necessary and appropriate.