

<b>Case Number:</b>	CM15-0191885		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, 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 60 year old male patient who sustained a work related injury on 1-22-04. The diagnoses include chronic pain syndrome and lumbar post laminectomy syndrome. Per the progress notes dated 9/21/15, he has "worsening" low back pain. He rated his pain level an 8 out of 10 with medications and 10 out of 10 without medications. He has pain that radiates to his right leg. He has associated symptoms of weakness, numbness, nausea and vomiting. The patient has pain-induced nausea that worsens to the point of vomiting 2-3 times a day. The physical examination revealed antalgic gait, lumbar spine- tenderness and difficulty from sit to stand, decreased sensation in the right L4, L5 and S1 dermatomes. Current medications include Amitiza, Bupropion, Doc-Q-Lace, Fluoxetine, Gabapentin, Losartan, Morphine ER, MS Contin, Omeprazole, Ondansetron, and Topiramate. He has undergone lumbar spine fusion surgery at L3-4 and L4-5. The treatment plan includes refills of some medications. The Request for Authorization dated 9-21-15 has requests for MS Contin, Morphine ER and Ondansetron. In the Utilization Review dated 9-24-15, the requested treatment of Ondansetron 4mg. #120 x 5 refills is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4mg #120 with 5 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 Pain Chapter (Online Edition).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Ondansetron (Zofran®) Antiemetics (for opioid nausea).

**Decision rationale:** Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG was used. Per the cited guidelines ondansetron is "Not recommended for nausea and vomiting secondary to chronic opioid use." According to the ODG guidelines, "Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> 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." Evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery or gastroenteritis is not specified in the records provided. The patient has nausea and vomiting. However the rationale for the need of 120 tablets with 5 refills is not specified in the records provided. The medical necessity of Ondansetron 4mg #120 with 5 refills is not established for this patient.