

Case Number:	CM15-0020793		
Date Assigned:	02/10/2015	Date of Injury:	04/03/2013
Decision Date:	03/25/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 54-year-old female with a work injury on 04/03/2013. She presented on 12/30/2014 with complaints of pain in right lower extremity described as constant burning, stabbing, shooting, aching, and deep. She describes the severity as "excruciating." Right lower extremity showed hypersensitivity and discoloration with limited range of motion. She is taking oxycodone, which upsets her stomach. The provider recommended Zofran. Prior treatments include medication, braces/casts, physical therapy, nerve blocks and TENS unit. Diagnoses were pain in joint, ankle, and foot; lumbago, unspecified reflex sympathetic dystrophy, unspecified essential hypertension, chronic pain syndrome, and depressive disorder. On 01/23/2015 the request for Ondansetron 4 mg/2ml vials was non-certified by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg/2ml #90 VIALS: 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 Pain chapter; Antiemetics (for opioid nausea), page 773

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications is industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Ondansetron 4mg/2ml #90 VIALS is not medically necessary and appropriate.