

<b>Case Number:</b>	CM15-0026806		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 50 year old female patient, who sustained an industrial injury on July 26, 2011. The diagnoses have included cervicalgia, shoulder joint pain, and lumbago. Per the doctor's note dated 12/4/2014, she had complains of constant cervical spine pain with radiation into the upper extremities and associated headaches, and low back pain with radiation into the legs. She had neck pain as 6/10 and unchanged from previous examinations and low back pain at 8/10 and unchanged from previous examinations. Physical examination revealed cervical spine-tenderness, Spurling's maneuver positive, and limited range of motion; the lumbar spine-tenderness with muscle spasms, and a positive seated nerve root test. The medications list includes fenopufen, omeprazole, ondansetron, cyclobenzaprine, tramadol and lunesta. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. On January 14, 2015, Utilization Review non-certified Ondansetron 8 mg ODT, #30, one as needed. The MTUS guidelines are cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Ondansetron 8 mg ODT, #30, one as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg ODT #30 1pm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin 5-HT3 Receptor Antagonist.

**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 03/23/15) Ondansetron (Zofran) Antiemetics (for opioid nausea).

**Decision rationale:** Request: Ondansetron 8mg ODT #30 1pm. Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG was used. According to the ODG guidelines, "Ondansetron (Zofran): This drug 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." Evidence of nausea or vomiting is not specified in the records provided. Any evidence of chemotherapy and radiation treatment was not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A detailed gastrointestinal examination is not specified in the records provided. The medical necessity of Ondansetron 8mg ODT #30 1 pm is not established for this patient.