

<b>Case Number:</b>	CM15-0221357		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male who sustained an industrial injury on 1-29-2009. The medical records indicate the injured worker is being treated for left shoulder status post arthroscopic sub acromial decompression and rotator cuff repair with subsequent open repair and possible recurrent tear and possible deltoid injury, right shoulder status post arthroscopic sub acromial decompression and rotator cuff repair, probable bilateral carpal tunnel and cubital tunnel syndrome, status post previous right carpal tunnel release, lumbosacral strain-arthrosis-discopathy with central and foraminal stenosis, bilateral hip arthrosis right more severe than left, and psychiatric complaints. Per the treating physician's notes dated 7-8-2015 and 10-14-2015 the injured worker complains of continued significant hip pain on the right side and he reports more left shoulder pain lately. The physical exam continues to show limited range of motion in all directions with the left and the same is true on the right shoulder but the left shoulder motion is much less. The injured worker also has supraspinatus weakness on the left and pain with resistance. Per the treating physician, the injured worker remains permanent and stationary. Per the visit on 10-14-2015 the injured worker reports recurrence of nausea and in the past was treated with Ondansetron. Treatment to date for the injured worker includes left shoulder surgery to repair a tear in July 2010, physical therapy twice per month for about 2 months per the injured worker post-surgery, right shoulder surgery in August or September 2010, left shoulder surgery again on 1-30-2012, additional physical therapy post-surgery, home exercise program, and medications including Ibuprofen, Tylenol #3 and Omeprazole. The UR decision dated 11-6-2015 non-certified the request for Ondansetron ODT 8mg, no quantity given.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8mg (no quantity given): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Pain Ondansetron (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** The claimant sustained a work injury in January 2009 when, while standing on a ladder and lowering a box, he lost his balance and fell from a height of about 10 feet. In July 2009, he underwent a left shoulder arthroscopic subacromial decompression and rotator cuff repair and underwent right shoulder surgery in August 2010. He has right hip osteoarthritis. He continues to be treated for left shoulder and right hip pain. Medications have included Tylenol #3 on a long-term basis. When seen in October 2015 his left shoulder was the biggest complaint. Surgery was being considered. Physical examination findings included decreased bilateral shoulder range of motion with left sided weakness. Medications were refilled including Tylenol #3. The claimant was having a recurrence of nausea and Ondansetron was prescribed. It had been prescribed previously. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. When there is prolonged or recurrent nausea there should be an evaluation for another etiology of these symptoms. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy and recommendations based on these studies cannot be extrapolated to chronic nonmalignant pain patients. In terms of Ondansetron, it is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and in the acute treatment of gastroenteritis. The claimant does not have any of these conditions. Prescribing it for nausea attributed to long-standing use of Tylenol #3 is not indicated. The request is not medically necessary.