

Case Number:	CM15-0039192		
Date Assigned:	03/09/2015	Date of Injury:	03/02/2005
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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, 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 63 year old male, who sustained an industrial injury on 03/08/2005. He has reported subsequent back pain and was diagnosed with lumbar disc disease, left lower extremity radiculitis and left knee pain. Treatment to date has included oral pain medication. In a progress note dated 01/16/2015, the injured worker complained of low back pain radiating to the lower extremities that was rated as 7/10. Objective findings were notable for tenderness to palpation of the paravertebral muscles with spasm, restricted range of motion and numbness and tingling in the lower extremity. There were no objective findings of the gastrointestinal system documented. A request for authorization of Odansetron was made on 01/27/2015. The physician noted that the medication was being prescribed due to nausea associated with headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT #30: 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), Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there is no evidence of efficacy from prior use of the medication. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.