

Case Number:	CM15-0042649		
Date Assigned:	03/12/2015	Date of Injury:	02/07/2014
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency Medicine

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 49-year-old male with an industrial injury dated February 7, 2014. The injured worker diagnoses include lumbago. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 1/14/2015, the injured worker currently complains of constant low back pain with radiation into the lower extremities. Objective findings revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of lumbar spine. The treating physician also noted tingling in numbness in the lateral thigh, anterolateral leg and foot and L5 dermatome. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ondansetron 8mg (express scripts): 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), Pain (Chronic), Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: The requested 30 Ondansetron 8mg (express scripts), is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has constant low back pain with radiation into the lower extremities. Objective findings revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion of lumbar spine. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, 30 Ondansetron 8mg (express scripts) is not medically necessary.