

<b>Case Number:</b>	CM15-0043873		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/20/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Preventive Medicine, Occupational 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 66-year-old female, who sustained an industrial injury on 8/20/2003. Diagnoses include herniated disc cervical spine, medial and lateral meniscal tear right knee and lumbar spine spondylosis. Treatment to date has included physical therapy, injections and medications. Per the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker reported pain in her neck, back and right knee with radiating pain in both upper extremities down to the hands. She also notes numbness and tingling in both hands. Pain is rated as 8/10. Physical examination revealed cervical spine flexion and extension 10 degrees with tenderness over the paravertebral musculature and trapezial musculature and spasm present bilaterally. Examination of the lumbosacral spine revealed flexion 18" from fingertips to the floor. Extension is 10 degrees. Tenderness and spasm are palpable over the paravertebral musculature bilaterally. Right knee range of motion is 0 to 135 degrees. There is tenderness to palpation. Straight leg raise test produces pain in lumbar spine bilaterally extending down to both feet. The plan of care included home health assistance, follow-up care, and transportation to appointments, continue psychiatric treatment, and continue pain management, cervical collar and medications. Authorization was requested for Ondansetron 8mg #120, Nizatidine 150mg #120 and Omeprazole 20mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg, #120:** 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 Chapter, Ondansetron (Zofran), Antiemetics.

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

**Decision rationale:** The MTUS Guidelines do not address the use of Ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The request for Ondansetron 8mg, #120 is determined to NOT be medically necessary.