

Case Number:	CM15-0050401		
Date Assigned:	03/23/2015	Date of Injury:	12/09/2005
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 55 year old male who sustained an industrial injury on 12/9/05. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having radiculopathy, failed back syndrome, and radiculopathy. Treatments to date have included lumbar brace, oral pain medication, physical therapy, and home exercise program. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. The plan of care was for laboratory studies, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg 1 tab BID #100: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, Ondansetron.

Decision rationale: This patient presents with low back and right leg pain. The request is for ONDANSETRON 8mg 1 tab BID #100 on 03/06/15 per the utilization review letter dated 03/13/15. RFA is not available. The work status is unknown. ODG guideline pain chapter has the following regarding Ondansetron: Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for chemo-induced or post-operative nausea. Review of reports shows that the patient has been taking this medication as early as 10/29/14. The current medication includes Ambien, Neurontin, and Vicodin. On the 02/25/15 report, the treater noted that the patient has nausea with Neurontin and Zofran helps to control it. However, Ondansetron is not recommended for routine use for nausea. It is only recommended for post-op and chemo therapy induced nausea. The request IS NOT medically necessary.

Testosterone level, renal and liver function test to monitor for S/S of meds: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Page(s): 70.

Decision rationale: This patient presents with low back and right leg pain. The request is for Testosterone level, renal and liver function test to monitor for S/S of meds on 03/06/15 per the utilization review letter dated 03/13/15. RFA is not available. The work status is unknown. Regarding testosterone levels, MTUS states "Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or sign of hypogonadism, such as gynecomastia." MTUS page 70 states, "FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." The patient's current medications are Ambien, Neurontin, Ondansetron, and Vicodin per 02/25/15 report. The treating physician is requesting tests to monitor for side effect of medications. Review of reports shows that the patient is on Opiates for long-term and the treater provided urine drug screen test dated 10/01/14. However, there is no indication that the patient has had Testosterone level test or liver and renal function tests done. Monitoring of testosterone level is reasonable for chronic opiate use. Liver and Kidney function tests are reasonable as well given the patient's chronic tylenol intake as well as Neurontin. The requests ARE medically necessary.