

<b>Case Number:</b>	CM15-0050889		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 57 year old female, who sustained an industrial injury on February 14, 2003. She has reported neck pain, lower back pain, leg pain, elbow pain, forearm pain, and headache. Diagnoses have included lumbar spine degenerative disc disease, extremity pain, right sacroiliac pain, muscle spasms, radiculopathy, and lower back pain. Treatment to date has included medications, epidural steroid injection, modified work duty, use of a walker, spinal fusion, and imaging studies. A progress note dated February 23, 2015 indicates a chief complaint of increased pain. The treating physician requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg orally disintegrating tablets quantity 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: Pain Chapter, Antiemetics (for opioid nausea).

**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 and Other Medical Treatment Guidelines Ondansetron prescribing information.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain with treatments including a lumbar fusion. Medications include Coumadin and opioids at a high MED (morphine equivalent dose). Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed opioid medication, there are no reported medication side effects and no history of opioid induced nausea. Therefore, the use of this medication is not medically necessary.