

Case Number:	CM15-0059004		
Date Assigned:	04/03/2015	Date of Injury:	04/23/1990
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/27/2015

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 52 year old female injured worker suffered an industrial injury on 04/23/1990. The diagnoses included cervical fusion and hardware removal, bilateral shoulder impingement syndrome, lumbar discopathy. The injured worker had been treated with medications. On 2/16/2015 and 3/9/2015 the treating provider reported nausea from headaches from chronic cervical pain 4/10. There is intermittent pain in the cervical spine made worse by motion. The treatment plan included Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8MG #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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain (chronic) chapter, antiemetics (for opioid nausea).

Decision rationale: The patient was injured on 04/23/1990 and presents with increasing low back pain with radiation of pain into the lower extremities, pain in the cervical spine, pain in the bilateral shoulders, and pain in the right elbow. The request is for ONDANSETRON 8 mg #30 for nausea associated with the headaches that are present with chronic cervical spine pain. The RFA is dated 03/18/2015, and the patient is on modified work duty. This medication has been listed on the 10/14/2014, 01/11/2015, and 03/09/2015 progress reports. ODG guidelines have the following regarding antiemetics: ODG guidelines, pain (chronic) chapter, antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use.

Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. The patient is diagnosed with status post removal of cervical hardware (no date indicated), status post C5 through C7 anterior cervical discectomy and fusion (no date indicated), bilateral shoulder impingement syndrome with superior labral tears, right elbow lateral and medial epicondylitis, lumbar discopathy/facet arthropathy, and electrodiagnostic evidence of right tarsal tunnel syndrome. The 03/09/2015 report states that the patient is being prescribed ondansetron for nausea associated with the headaches that are present with chronic cervical spine pain. However, the treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the requested ondansetron IS NOT medically necessary.