

Case Number:	CM14-0120140		
Date Assigned:	09/16/2014	Date of Injury:	04/22/2013
Decision Date:	10/28/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury due to continuous trauma on 04/22/2013. On 01/13/2014, her diagnoses included cervical discopathy/cervicalgia, carpal tunnel/double crush syndrome, lumbar segmental instability, and rule out internal derangement of the right hip. Her complaints included persistent pain in the cervical spine radiating to her upper extremities with associated headaches, frequent pain in the low back aggravated by bending, lifting, and twisting with radiation into the lower extremities and associated tingling and numbness, and frequent right hip pain, aggravated by ascending or descending stairs. Her medications included Anaprox DS 550 mg, Prilosec 20 mg for upset stomach, Ondansetron 8 mg for upset stomach/cramping/pain/nausea, Flexeril 7.5 mg for pain and spasm, tramadol ER for pain, Imitrex 25 mg, and Terocin patch for pain. A request for authorization dated 01/16/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg. # 30 X 2: 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: Ondansetron (Zofran)

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

Decision rationale: The request for Ondansetron 8 mg. # 30 X 2 is not medically necessary. Per the Official Disability Guidelines, Ondansetron 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. As with other antiemetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that nausea and/or vomiting will occur postoperatively. There was no documentation submitted that this injured worker was being treated with cancer chemotherapy, full body or single dose radiation, or that she was a candidate for surgery with a high expectation of postoperative nausea and vomiting. Additionally, there was no frequency of administration specified in the request. Therefore, this request for Ondansetron 8 mg. # 30 X 2 is not medically necessary.