

Case Number:	CM14-0121018		
Date Assigned:	09/16/2014	Date of Injury:	04/18/2007
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 records presented for review indicate that this 44 year-old female was reportedly injured on 4/18/2007. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 6/10/2014 is mentioned in the utilization review. Indicates that there are ongoing complaints of low back pain. The physical examination mentioned in the utilization review states: well healing incision, no signs of infection, no one dehiscence, some cellulitis in your theme around the surgical and stable sites, tenderness, and no neurological deficit. Patient is neurovascular the intact. Gate is intact. Diagnostic imaging studies MRI the lumbar spine dated 1/14/2014 reveals previous spinal fusion surgery at L5-S1 with posterior rods and screws. Hardware is intact. Right screws may abut or encroach on the right side of the canal at L5-S1. Previous treatment includes previous lumbar fusion, medications, facet blocks, and conservative treatment. A request had been made for Ondansetron 8 mg #30 and was not certified in the pre-authorization process on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8MG Disintegrating tablet #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - (updated 10/06/14).

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. After review the medical records there are no recent treatment records that have been submitted for review. The most recent records have been mentioned in the utilization review. Otherwise most of recent treatment note is February 4 2014. Review of the available medical states the treating physician has prescribed this medication to aid in relaxing muscle tension and as a sleep aid, and also for nausea that is associated with headaches the patient has had with chronic cervical spine pain. As such, this request is not considered medically necessary.