

Case Number:	CM14-0122579		
Date Assigned:	08/06/2014	Date of Injury:	02/26/2004
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 and is licensed to practice in Nevada. 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 35-year-old female was reportedly injured on 2/26/2004. The mechanism of injury was not listed. The most recent progress note, dated 5/30/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated tenderness across the lower lumbar region bilaterally. Lumbar spine range motion was mildly limited in all planes. The patient was in no acute distress. No recent diagnostic imaging studies available for review. Previous treatment included Flector patches, Cymbalta, Ambien, Cyclobenzaprine, Buprenorphine, Ativan, DSS, Senna and Zofran. A request had been made for Zofran (Ondansetron) 8 mg every 8 hours, #90, which was not certified in the utilization review on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran (Ondansetron) 8mg every 8 hours Qty:90: 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 06/10/14).

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. ODG does not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records documents chronic back pain since a work-related injury in 2004; however, fails to document an indication for why this medication was given. As such, this request Zofran (Ondansetron) 8mg #90 is not medically necessary and appropriate.