

Case Number:	CM14-0131166		
Date Assigned:	08/20/2014	Date of Injury:	04/18/2007
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management 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:

This 44 year old patient sustained a low back injury on 4/18/07. Request(s) under consideration include Ondansetron 8 MG ODT #30 1-2 per day prn upset stomach. Diagnoses include Lumbago s/p lumbar fusion at L5-S1 on 1/22/10 and s/p microscopic left T7-8 hemilaminectomy, medial facetectomy, foraminotomy and microdiscectomy with post-op PT on 6/19/12. Report of 2/4/14 from a provider noted patient with chronic low back pain. Exam showed palpable discomfort over hardware as well as lumbosacral junction with transient symptoms into lower extremities; no neurological exam documented on report. Treatment recommended surgical hardware removal of lumbar spine. Report of 6/10/14 from the provider noted the patient with constant low back pain rated at 6/10 aggravated by activities of pushing, twisting. Exam showed healing incision over lumbar spine; neurovascularly intact with some degree of erythema. X-rays of lumbar spine in flex/ext showed no abnormalities. Treatment included medication refills and the patient remained off work. The request(s) for Ondansetron 8 MG ODT #30 1-2 per day prn upset stomach was non-certified on 8/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8 MG ODT #30 1-2 PER DAY PRN UPSET STOMACH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773.

Decision rationale: This 44 yearold patient sustained a low back injury on 4/18/07 from lifting a helium tank from the trunk of a car while employed by [REDACTED]. Request(s) under consideration include ONDANSETRON 8 MG ODT #30 1-2 PER DAY PRN UPSET STOMACH. Diagnoses include Lumbago s/p lumbar fusion at L5-S1 on 1/22/10 and s/p microscopic left T7-8 hemilaminectomy, medial facetectomy, foraminotomy and microdiscectomy with post-op PT on 6/19/12. Report of 2/4/14 from a provider noted patient with chronic low back pain. Exam showed palpable discomfort over hardware as well as lumbosacral junction with transient symptoms into lower extremities; no neurological exam documented on report. Treatment recommended surgical hardware removal of lumbar spine. Report of 6/10/14 from the provider noted the patient with constant low back pain rated at 6/10 aggravated by activities of pushing, twisting. Exam showed healing incision over lumbar spine; neurovascularly intact with some degree of erythema. X-rays of lumbar spine in flex/ext showed no abnormalities. Treatment included medication refills and the patient remained off work. The request(s) for ONDANSETRON 8 MG ODT #30 1-2 PER DAY PRN UPSET STOMACH was non-certified on 8/5/14. The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA-approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis none have been specifically demonstrated here. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted low back claim for this 2007 injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The ONDANSETRON 8 MG ODT #30 1-2 PER DAY PRN UPSET STOMACH is not medically necessary and appropriate.