MAXIMUS Federal Services

Case Number:	CM14-0142561		
Date Assigned:	09/10/2014	Date of Injury:	07/30/2013
Decision Date:	12/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family 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:

This is a 56-year-old male patient who reported an industrial injury to the lower back and bilateral hips on 7/30/2013, 16 months ago, attributed to the performance of his usual and customary duties as a Sheriff's deputy reported as cumulative trauma. The patient has been prescribed Diclofenac; Omeprazole; Ondansetron; Cyclobenzaprine; and Tramadol ER. The patient complained of chronic low back pain with radiation of pain into the bilateral lower extremities. The AME report dated 1/2/2014, recommended future medical care that included therapy, medications, injections, treat the conditions conservatively for at least three (3) months however, the patient was a candidate for total hip arthroplasty, which should be postponed as long as possible. The patient reported having difficulty with ADLs associated with bilateral hip pain and lower back pain. The objective findings on examination included paravertebral muscle tenderness with spasm; positive seated nerve root test; decreased range of motion to the lumbar spine; no evidence of instability; normal sensation and strength. The patient was prescribed Ondansetron 8 mg for nausea associated with headaches that were present with chronic cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg #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 (Updated 7/10/14) Antiemetics for Opioid Nausea

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

Decision rationale: The treating provider provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron 8 mg #30 for nausea or vomiting. The prescription of Ondansetron for episodes of nausea and vomiting allegedly due to the cervical spine pain is not supported by the past medical record or the AME evaluation. There is no AME recommendation for treatment of headaches with Ondansetron. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects prescribed for the course of treatment. There is no documentation of any medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for the prescribed Ondansetron 8 mg #30 directed to the nausea associated with headaches/neck pain. Based on the guidelines stated above, the request is not medically necessary.