

<b>Case Number:</b>	CM14-0146633		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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 injured worker is 61-year-old female with date of injury of 4/11/08 with related neck, left upper extremity, and left shoulder pain. Per progress report dated 8/11/14, the injured worker rated her pain 4/10 in intensity. The pain was characterized as aching and burning. It radiated to the left arm, left forearm and left hand. There was associated numbness and tingling. Treatment to date has included functional restoration program, acupuncture, biofeedback, nerve blocks, TENS unit, injections, physical therapy, and medication management. The date of UR decision was 8/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS is silent on the use of Ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. It

is recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It 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 the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, Ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. There was no documentation of ongoing complaints of nausea or vomiting. The request is not medically necessary.