

<b>Case Number:</b>	CM14-0148003		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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:

This is a 33-year-old patient who sustained an industrial injury on 01/30/2012. Mechanism of injury was not provided. Diagnoses include hip and thigh sprain and lumbago. Previous treatment has included physical therapy, activity modification, home exercise program, oral medications epidural steroid injections, radiofrequency ablation, and platelet rich plasma injections. on 08/25/14, a request for ondansetron 8 mg #30 was non-certified a utilization review as evidence based guidelines indicate this medication is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. There is no indication in the records the patient had recently undergone chemotherapy, radiation treatment or surgery and she does not describe any associated nausea and/or vomiting. The most recent progress note provided is dated January 24, 2014. The patient complained of persistent pain in the right sciatic and right hip. She has continued symptomatology in the lumbar spine. Physical examination revealed tenderness at the right sciatic notch and pain with terminal motion. Neurovascular status remains intact. Right hip examination reveals tenderness at the right hip anterolateral aspect and pain with hip rotation. It was noted that the patient had undergone 2 platelet rich plasma injections and is scheduled for a third. She was to hold off on cortisone injections and start a course of therapy and rehabilitation. She can continue taking her medications (medications were not reported).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ondansetron 8mg #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 (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The CA MTUS indicates antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is indicated to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer (chemotherapy or radiation). Documentation does not describe recent surgery or treatment for cancer, nor is there any description in the medical records of the patient having nausea or vomiting. Frequency of dosing is not specified in the request. There are no identifiable indications for the use of this medication. Therefore, ondansetron 8 mg #30 is not medically necessary.