

Case Number:	CM14-0148148		
Date Assigned:	09/18/2014	Date of Injury:	09/14/1989
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	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 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 injured worker's date of injury is 09/14/1989. This patient receives treatment for chronic low back pain. The medical records regarding the original injury were not provided. The patient has low back pain with radiation down the legs, constipation with abdominal pain and rectal bleeding. The patient has had multiple low back surgical procedures including: lumbar fusion surgery L4-L4 1994, anterior and posterior fusion L4-S1 1997, removal of hardware from the lumbar spine, and hardware removal and exploration of fusion L3-4 on 05/16/2013. Medications include: Tigan for nausea, changed to Zofran, Robinal, Motrin, Relafen, Prednisone prn, Nexium, Norco, and Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Dos 07/02/14 Ondansetron 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-emetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the adult with nausea and vomiting; UpToDate.com, by G.F. Longstreth, MD

Decision rationale: Ondansetron is a potent agent used for the temporary relief of nausea and vomiting from chemotherapy, in postoperative states, and some self-limiting conditions such as gastroenteritis. This patient with chronic pain is opioid dependent and takes two NSAIDS, two opioids by mouth and one transdermal opioid, plus a PPI. It is unclear from the documentation what the gastrointestinal diagnosis is for which ondansetron is being prescribed. This polypharmacy may be causing the patient's nausea. Based on the documentation, ondansetron is not medically necessary.