

Case Number:	CM14-0165672		
Date Assigned:	10/10/2014	Date of Injury:	06/14/2012
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 patient is a 30 year old male who was injured on 06/14/2012 when he was getting off a forklift. He slipped and fell on his knee. Progress report dated 08/05/2014 states the patient complained of continued pain with no significant improvement. He reported constant moderate to severe pain. On exam, the cervical spine was negative for spasms in the paracervical musculature. The lumbar spine revealed tenderness in the paralumbar muscles but negative for spasms. He did have spasm in the right shoulder as well as tenderness. He is diagnosed with cervical strain, neuropathic pain bilateral upper extremities; right shoulder impingement syndrome; degenerative disk disease of the lumbar spine and lumbar strain. He was recommended the medications listed below. There are no other reports available for review. Prior utilization review dated 09/23/2014 states the request for Ondansetron 4mg #30 is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ondansetron (Zofran)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics (For opioids nausea)

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines, Antiemetics (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and gastroenteritis. In this case, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemo/ radiation therapy, acute gastroenteritis, the request is not medically necessary according to the guidelines.