

Case Number:	CM14-0211097		
Date Assigned:	12/23/2014	Date of Injury:	02/18/2005
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50-year-old woman who sustained a work-related injury on February 18, 2005. Subsequently, she developed chronic neck and shoulder pain. The patient underwent ACDF at C5-6 on January 26, 2006; thoracic outlet syndrome surgery, transaxillary first rib resection, lysis and release of subclavian artery and vein, and neurolysis of the brachial plexus on July 7, 2008; redo neurolysis of the brachial plexus, right sided lysis of adhesions, supraclavicular scalenectomy on November 11, 2009; and ACDF at C4-5 and C6-7 on November 1, 2012. A visit report dated July 22, 2014 documented that the patient was still on a lot of pain medications. She was diagnosed with hypertension, constipation, and acute gastritis. According to the progress report dated October 21, 2014, the patient had no real change in left arm pain from both sides, mostly left. They were talk about surgery. The patient did not want the surgery that they were recommending but she would like physical therapy and smaller surgery. The provider requested authorization for Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG): Pain Chapter; Ondansetron (Zofran)ODG: Pain Chapter; Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg #30 is not medically necessary.