

Case Number:	CM14-0218330		
Date Assigned:	01/08/2015	Date of Injury:	02/14/2003
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 a 56 year old female who sustained a work related injury on February 14, 2003. She has reported a history of an old injury resulting in continuous back and neck pain. Treatment included traction, epidural injections, and physical therapy, steroids and pain medications. The diagnoses included lumbar degenerative disc disease. She has not worked since February, 2007. Currently, the injured worker complains of painful headaches and numbness of the left arm, left knee pain, decreased sleep and decreased activity level. She also complains of nausea, dizziness, headache and chills from withdrawal of some of her medications. Per the doctor's note dated 11/24/14 patient had complaints of low back pain, left elbow and left knee pain Physical examination revealed she was assisted by wheelchair, limited range of motion of the cervical and lumbar spine, positive Spurling sign, negative SLR and tenderness on palpation, 4/5 strength and decreased sensation over left side. Her medication list include Tizanidine, Senna, Colace, Cymbalta, MS Contin, Neurontin, Omeprazole, Zofran, Trazodone, Amitiza, and Atenolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

ondansetron 8mg 30/30day supply: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 11/21/14) Antiemetics (for opioid nausea) Thompson micromedex Ondansetron FDA labeled indication

Decision rationale: Request: Ondansetron 8mg 30/30day supply Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG and Thompson Micromedex was used. Per ODG, Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis. Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of the ondansetron 8mg 30/30day supply for this patient at this juncture.