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| Case Number: | CM15-0015453 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 05/16/2012 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 16, 2012. In a Utilization Review Report dated December 31, 2014, the claims administrator approved requests for omeprazole, nizatidine (Axid), and a urinalysis while denying a request for ondansetron (Zofran). The claims administrator referenced a November 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a physical therapy progress note of June 10, 2014, it was suggested that the applicant was working with restrictions in place, despite ongoing complaints of low back pain radiating to the left leg. On July 1, 2014, the applicant was given prescriptions for omeprazole and Axid. Ongoing complaints of low back pain were appreciated. The applicant did have ancillary issues with sleep disturbance, gastritis, and constipation, opioid-induced, it was acknowledged. On August 20, 2014, the applicant was given a 20-pound lifting limitation. Ongoing complaints of low back, neck, and elbow pain were noted. It was suggested that the applicant was working with said limitations in place. On November 4, 2014, the applicant was returned to regular duty work. Norco, nizatidine, and omeprazole were endorsed. It was stated that the applicant had developed nausea, apparently secondary to opioid usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, disp 30 tablets, 1 tab PO daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme. Decision based on Non-MTUS Citation
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: 1. No, the request for ondansetron (Zofran), an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of ondansetron (Zofran) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Ondansetron is not, thus, indicated for the opioid-induced nausea purpose for which it was seemingly employed here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request was not medically necessary.