

<b>Case Number:</b>	CM15-0017684		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 47 year old male, who sustained an industrial injury, March 6, 2010. The injured was sustained by leaning over to pick something off the floor and felt a pop in the back. The injured worker was seen in the emergency department and was treated with pain medication and physical therapy. The injured worker was off from work for 2 weeks. The injured worker remained symptomatic, but continued to work. In October of 2012, started to notice the [pain was radiating down the left lower extremity. The injured worker received another course of treatment and remained symptomatic. According to progress note of January 20, 2014 the injured worker had an MRI of the lumbar spine and was diagnosed with a large herniated disc in the back. The injured workers chief complaint was neck pain. The injured worker was diagnosed with degenerative disc and facet disease, right carpal tunnel syndrome with release surgery, cervical/lumbar discopathy, cervicalgia, right5 shoulder impingement, status post left L5-S1 hemilaminotomy and microdiscectomy, MRI of the cervical spine November 18, 2014 showed degenerative disc and facet joint disease with a 3-4mm posterior disc protrusion at C6-C7 resulting in moderate to severe bilateral neural foraminal stenosis. At C5-C6 there was a 3mm right paracentral disc protrusion causing moderate bilateral neural foraminal stenosis with hypertrophic changes from C4-C7 with mild canal stenosis throughout. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) right upper extremity, 32 sessions of physical therapy, MRI of the cervical spine and laboratory studies. On January 7, 2015, the UR denied

authorization for Ondansetron 8mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Ondanestron 8mg: 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 (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Pain Chapter, Zofran Section

**Decision rationale:** The patient presents with upper extremity pain. The current request is for 30 Ondanestron 8mg. The treating physician states, "There is constant pain and numbness in the right wrist and fingers that is aggravated by repetitive motions, gripping grasping, pushing pulling, and lifting. The patient's symptoms are worsening. On a scale of 1 to 10, the pain is a 7." (C.72) The medical records reviewed indicate that the current request is mentioned as "Medications are being requested under separate cover letter." (C.77) However, no additional report was included for review. The MTUS Guidelines do not address Zofran (Ondansetron). The ODG Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for post-operative use. In this case, there is no indication in the reports submitted that the patient is undergoing chemotherapy, radiation treatment and there is no documentation of a recent surgery. The current request is not medically necessary and the recommendation is for denial.