

<b>Case Number:</b>	CM15-0110523		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old male, who sustained an industrial injury, May 19, 2011. The injured worker previously received the following treatments Lyrica, Cyclobenzaprine, Omeprazole, Gabapentin, Celebrex, Voltaren, Bupropion and Wellbutrin, Tramadol, TENS (transcutaneous electrical nerve stimulator) unit and Diclofenac XR. The injured worker was diagnosed with chronic intractable low back pain, herniated disc lumbar spine, neuropathic disc lumbar spine, neuropathic pain right lower extremity/radicular pain, cervical strain, herniated disc cervical spine with facet arthropathy, synovial cyst right wrist, flexor tenosynovitis right hand and depression. According to progress note of March 11, 2015, the injured workers chief complaint was moderate to severe pain in the lower back and neck. The pain was worse with bending, stooping, lifting and carrying. The injured worker continued to have pain in the left hand over the flexor tendons. The injured worker continues to be depressed secondary to pain and disability. The physical exam of the lumbar spine noted tenderness in the posterior superior iliac spine region. There was no tenderness in the parathoracic musculatures. There were spasms over the paralumbar musculature. The motor testing was 5 out of 5 to all muscle groups. The injured worker was able to perform walking on the heels without difficulty. There was diminished sensation of the right lower extremity at L4 and L5 nerve root distribution. The treatment plan included prescription for Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran (ondansetron) 4 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetic, NSAIDs Page(s): 16-19; 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics.

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.