

Case Number:	CM15-0111999		
Date Assigned:	06/18/2015	Date of Injury:	05/28/2013
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

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 is a 62 year old female, who sustained an industrial injury on May 28, 2013. She reported sharp pain in her low back. Treatment to date has included NSAIDs, epidural steroid injection, acupuncture, physical therapy, and home exercise program. Currently, the injured worker complains of continued moderate to severe low back pain. She reports increased pain with prolonged walking, standing, bending and lifting. She notes that she gets functional improvement and pain relief with the medications. On physical examination the injured worker's gait is antalgic and she ambulates with a cane. She has tenderness to palpation over the paralumbar musculature and the posterior superior iliac spine regions. She exhibits muscle spasms in the paralumbar musculature. Motor testing of her bilateral lower extremities was within normal limits. She had limited range of motion of the lumbar spine. Straight leg raise test was negative bilaterally in supine and sitting positions. Documentation revealed the injured worker had a past medical history of diabetes, hyperlipidemia, high blood pressure, chest pain and breast cancer. The diagnoses associated with the request include chronic intractable low back pain, neural foraminal stenosis, herniated disc disease of the lumbar spine, radicular pain of the bilateral lower extremities and left knee degenerative joint disease. The treatment plan includes diclofenac XR, omeprazole, and cyclobenzaprine. A request was received for ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4 mg #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), Antiemetics (for opioid nausea).

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

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for severe low back pain. When seen, there was an antalgic gait with use of a cane and decreased and painful lumbar range of motion with tenderness and spasms. Medications included Tramadol. Indications for prescribing ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol, there is no history of opioid induced nausea. The use of this medication was not medically necessary.