

Case Number:	CM15-0112536		
Date Assigned:	07/24/2015	Date of Injury:	02/17/1998
Decision Date:	08/26/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 57 year old male who sustained an industrial injury on 02/17/1998. Current diagnoses include lumbar degenerative disc disease, myofasciitis, nerve root irritation, facet joint disease, obesity, and hypertension. Previous treatments included medications. Report dated 04/21/2015 noted that the injured worker presented with complaints that included low back pain, right leg pain from the knee to the foot. Pain level was not included. Physical examination was positive for moderate paralumbar myospasm, and weight is up 4 pounds. The treatment plan included prescribing nabumetone to control inflammation and pain, omeprazole to control GI irritation, ondansetron as needed for nausea, Norco as needed for pain, and Tramadol as needed for pain, and continue present treatment regimen. Disputed treatments include ondansetron 8mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #10: Upheld

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

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), Ondansetron (Zofran).

Decision rationale: The California MTUS is silent regarding Ondansetron (Zofran). The Official Disability Guidelines recommend Ondansetron (Zofran) to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. The medical records submitted do not indicate that the injured worker is having surgery or had surgery, is receiving chemotherapy or radiation therapy. The injured worker has been prescribed omeprazole for gastrointestinal side effects. Medical necessity for Ondansetron has not been established. The requested medication is not medically necessary.