

<b>Case Number:</b>	CM15-0114313		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 57 year old male who sustained an industrial injury on 06/15/2014 after lifting a potted plant. The injured worker was diagnosed with lumbar radiculitis and lumbar spondylosis. The injured worker had previous lumbar spine surgery in 2012 and 2013 according to the medical records. Treatment to date has included diagnostic testing with Electromyography (EMG)/Nerve Conduction Velocity (NCV) in December 2014, lumbar spine magnetic resonance imaging (MRI), conservative measures, physical therapy and medications. According to the treating physician's progress report on April 20, 2015, the injured worker continues to experience lower back pain that radiates into the bilateral buttocks, hip, thigh and leg. The injured worker rates his pain level at 8/10. Examination of the lumbar spine demonstrated tenderness with no trigger points evident. Range of motion was decreased. The paraspinal muscle and lower extremity strength and tone were within normal limits. Straight leg raise was positive on the right. Facet loading with lateral rotation and thoraco-lumbar extension reproduced axial low back pain. Deep tendon reflexes were intact. Heel to toe walk and gait were normal. Current medications are listed as Norco, Celebrex and Zanaflex. Treatment plan consists of the current request for Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8 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), Pain Chapter.

**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 (for opioid nausea) and Other Medical Treatment Guidelines Ondansetron prescribing information.

**Decision rationale:** The claimant sustained a work injury in June 2014 and continues to be treated for radiating low back pain. When seen, medications included Norco being taken two times per day. He was having nausea related to its use. There was lumbar spine tenderness with decreased range of motion and positive right straight leg raising. Facet loading was positive. There were dysesthesias in the lower extremity. Norco and Zofran were prescribed. Indications for prescribing Zofran (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. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. The prescribing of Zofran was not medically necessary.