

Case Number:	CM15-0114523		
Date Assigned:	06/22/2015	Date of Injury:	11/01/2013
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on November 1, 2013. She reported left knee pain after slipping on something in the cafeteria floor. The injured worker was diagnosed as having sprain of unspecified site of the knee and leg, post-surgical status and tear of medial cartilage or meniscus of knee. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left knee times 2, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain and dull achiness in the left knee. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 13, 2014, revealed continued pain as noted. Evaluation on November 10, 2014, revealed continued pain however she noted improvement with acupuncture and physical therapy. It was noted she was back to working full time. She required pain medications to remain completely functional. Ondansetron was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT 1 PRN #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, Pain (online version) Antiemetic, (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- Antiemetics and pg 14.

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses. The Odansetron was used for cervical pain related nausea. The Odansetron is not medically necessary.