

Case Number:	CM15-0117189		
Date Assigned:	06/25/2015	Date of Injury:	06/24/1991
Decision Date:	07/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Emergency Medicine

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 65-year-old female, who sustained an industrial injury on 6/24/1991. The current diagnoses are cervical radiculitis, lumbar radiculitis, and status post lumbar fusion, migraine headaches with seizures, anxiety, depression, medication-related dyspepsia, and chronic nausea. According to the progress report dated 3/27/2015, the injured worker complains of neck pain with radiation into her bilateral upper extremities, constant low back pain with radiation down her bilateral lower extremities associated with frequent numbness, tingling, and weakness, severe daily migraines, anxiety, and depression. The pain is rated 9/10 with medications and 10/10 without. She reports the pain as worsened since her last visit. The physical examination of the cervical spine reveals tenderness over the C4-7. There was occipital tenderness upon palpation bilaterally. Examination of the lumbar spine reveals spasm in the paraspinous musculature. Tenderness was noted upon palpation over L3-5. Sensory exam shows decreased sensitivity to touch along L3-5, L4-S1 dermatome in the bilateral lower extremities. Motor exam shows decreased strength in the bilateral lower extremities S1 dermatomal level. The current medications are Omeprazole, Colace, Dulcolax, Ibuprofen, Hydroxyzine, Trazadone, Tylenol with Codeine, and Hydrocodone/Acetaminophen. Treatment to date has included medication management, MRI studies, computed tomography scan, home exercise program, electro diagnostic testing, Toradol injection, spinal cord stimulator implant, and surgical intervention. A request for Ondansetron has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

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)".

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron/Zofran is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short-term nausea associated with opioids. Long-term use is not recommended. There is no documentation provided by treating physicians about complaints of nausea or etiology of nausea. It is unclear if patient is having nausea from medications or an unrelated medical issue. Ondansetron is not medically necessary.