

<b>Case Number:</b>	CM15-0118542		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 59-year-old female with an industrial injury dated 09/26/2000. The injured worker's diagnoses include chronic pain other, cervical spine sprain/strain, fibromyalgia, depression, complex regional pain syndrome in bilateral upper extremities, constipation, status post bilateral carpal tunnel release and chronic nausea. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities with muscle spasms in low back and upper extremity pain with associated numbness and tingling. The injured worker rated pain a 7/10 with medications, 8/10 without medications and the injured worker reported gastroesophageal reflux disease related to medication with gastrointestinal upset. The injured worker also reported moderate nausea. Objective findings revealed tenderness in the cervical spine, lumbar spine and bilateral upper extremities. Decrease cervical range of motion due to pain, decrease sensation in bilateral upper extremities and mild swelling in the bilateral hands were also noted on exam. The treating physician prescribed Ondansetron 4mg QD #30 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4mg QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Odansetron Page(s): 14.

**Decision rationale:** According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT<sub>3</sub> 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 medication related nausea. The Odansetron is not medically necessary.