

Case Number:	CM15-0120551		
Date Assigned:	07/01/2015	Date of Injury:	12/09/2010
Decision Date:	07/30/2015	UR Denial Date:	06/14/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 12/9/2010. The mechanism of injury was from lifting metal. The injured worker was diagnosed as having lumbar disc disorder and spinal enthesopathy. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of increased mid and low back pain. Physical examination showed lumbar pain with range of motion. The treating physician is requesting Ondansetron ODT 4 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 4 mg ODT #10 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnosis is spinal enthesopathy. The date of injury is December 9, 2010. The request authorization is June 8, 2015. There is no documentation in the medical record discussing Zofran (ondanestron) with a clinical indication or rationale. There is no clinical documentation from non-requesting providers discussing Zofran with a clinical indication or rationale. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. Consequently, absent clinical documentation with a clinical discussion, indication and or rationale for its use, Ondansetron (Zofran) 4 mg ODT #10 is not medically necessary.