

Case Number:	CM15-0123388		
Date Assigned:	07/07/2015	Date of Injury:	03/26/2011
Decision Date:	09/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 51-year-old female, who sustained an industrial injury on 03/26/2011 when she reported injuring her low back with gradual onset of pain in her neck as well. The injured worker is currently permanently partially disabled. The injured worker is currently diagnosed as having status post L3-4 lumbar arthrodesis with subsequent removal of hardware, junctional level pathology to the lumbar spine with facet arthropathy, and cervical discopathy/cervicalgia. Treatment and diagnostics to date has included prior lumbar fusions with subsequent hardware removal, lumbar spine MRI that showed junctional level pathology with facet hypertrophy at the L4-5 level, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of constant pain in the cervical spine with radiation of pain into the upper extremities and headaches that are migrainous in nature. It is noted that the injured worker's pain is unchanged and rated 8 out of 10 on the pain scale. Objective findings include palpable paravertebral muscle tenderness with spasm to the cervical spine with painful and limited range of motion. The treating physician reported requesting authorization for retrospective Ondansetron to treat nausea associated with headaches that are present with chronic cervical spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ondansetron 8mg ODT 1 PRN not more than 2/day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Zofran (Ondansetron), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) do not recommend antiemetics for "nausea and vomiting secondary to chronic opioid use" and Ondansetron (Zofran) "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. Acute use if FDA-approved for gastroenteritis". The medical records indicate that the injured worker was being treated for nausea associated with headaches related to chronic cervical spine pain. Therefore, based on the Guidelines and the submitted records, the request for Ondansetron is not medically necessary.