

Case Number:	CM15-0126098		
Date Assigned:	07/10/2015	Date of Injury:	02/13/2006
Decision Date:	09/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, 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 71-year-old female, who sustained an industrial injury on 2/13/2006. She reported a motor vehicle accident that resulted in injury to her head, low back, and bilateral knees. The injured worker was diagnosed as having right shoulder impingement syndrome, partial thickness tear infraspinatus tendon right shoulder, left knee meniscus tear, left knee internal derangement, status post right total knee replacement, left ankle compensatory pain and degenerative joint disease, left ankle sprain, rule out cervical radiculopathy, morbid obesity, and dental injury secondary to fall secondary to left knee pain. Treatment to date has included medications, x-rays, knee surgery, and durable medical equipment such as a cane. The request is for Ondansetron 4mg #30. On 1/31/2014, she complained of losing her balance and falling resulting in injury to the left knee. She has continued to have pain in the left knee without substantial improvement. The treatment plan included: Omeprazole, Diclofenac XR, and Tramadol ER. On 8/22/2014, she is noted to be authorized for left knee surgery. She complained of locking of the left knee with excruciating pain and some neuropathy in the left lower extremity, and right lower extremity. On 5/8/2015, she complained of neck, back, and left knee pain. She stated she had a burning sensation on the top of her knee, and that she had a recent fall secondary to her knee and back pain. The fall resulted in a broken tooth. Physical findings revealed a positive Neer's test, tenderness of the acromioclavicular joint, use of a 4-pronged cane and an abnormal gait, positive quadriceps atrophy, and swelling and edema in the left ankle, foot area. The treatment plan included: left total knee replacement, Diclofenac, Omeprazole, and Ondansetron to counter effect nausea from NSAIDs prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ondansetron 4mg #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 (ODG), Pain (Acute and Chronic) (Antiemetics) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Drugs.com.

Decision rationale: Per Drugs.com Zofran (Ondansetron) is used to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer. It is not for preventing nausea or vomiting that is caused by factors other than cancer treatment or surgery. The CA MTUS guidelines are silent regarding Ondansetron. The ODG guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Ondansetron (Zofran): This drug 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 is FDA-approved for gastroenteritis. The records indicate she was utilizing Wellbutrin and Tramadol. In addition per Drugs.com Zofran has a known adverse drug interaction when used with Bupropion (Wellbutrin). When using Bupropion and Zofran together it can increase the risk of a rare but serious condition called the serotonin syndrome, which may include symptoms such as confusion, hallucination, seizure, extreme changes in blood pressure, increased heart rate, fever, excessive sweating, shivering or shaking, blurred vision, muscle spasm or stiffness, tremor, in coordination, stomach cramp, nausea, vomiting, and diarrhea. Severe cases may result in coma and even death. Per Drugs.com, when Zofran is used together with Tramadol (Ultram) it may reduce the effects of Tramadol in some patients. In this case, the records do not indicate she was currently complaining of nausea or vomiting. The records indicate she is not undergoing chemotherapy and has not undergone recent surgery. Therefore, the request of Ondansetron 4mg #30 is not medically necessary.