

Case Number:	CM15-0178141		
Date Assigned:	09/14/2015	Date of Injury:	12/18/2007
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male with an industrial injury dated 12-18-2007. Medical records reviewed indicate he is being treated for failed back surgery syndrome of the lumbar spine with low back and left lower extremity radicular pain, status post femoral nerve injury on the right secondary to inferior vena cava (IVC) filter, history of pulmonary embolus, knee degenerative joint disease, hypogonadism and frequent falls. He has an intrathecal pump. He presents on 08-06-2015 with complaints of low back pain. The provider documented the injured worker had "poor function." His functional status was documented as "He can sit for 5 minutes and stand for 0-1 minute, walk less than 5 minutes, he is not sleeping." "Activities of daily living are independent, he drives self." "He uses a wheelchair." Physical exam noted the pump at the left lower quadrant showed no erythema, tenderness or swelling. "He groans throughout the pump refill changing positions with discomfort." The provider documented in the 08-06-2015 note that the urine drug screen done on 07-07-2015 was consistent for prescribed medications without aberrancies. Medications included Oxycodone, Flexeril Amitiza, Gralise, Lexapro and Clonidine (per pump) which was changed to oral at the 08-06-2015 visit. Other medications include Rozerem (documented in 03-31-2015 note.) Progress note dated 05-22-2015 documented the injured worker felt the epidural steroid injection given on 05-05-2015 was not helpful with lower extremity pain. Other treatments included cortisone injection, intrathecal pump and wheelchair. Treatment plan is documented as urinalysis for review, continued request for MRI of lumbar spine, refill and reprogram of his pump with Dilaudid and Bupivacaine, delete Clonidine,

request for psychological evaluation, prescription for medications, follow up and fall precautions. The treatment request is for Ondansetron ODT 4 mg #30. On 08-31-2015, the request for Ondansetron ODT 4 mg # 30 was modified to Ondansetron ODT 4 mg # 10 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

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.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "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." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.