

Case Number:	CM15-0043381		
Date Assigned:	04/13/2015	Date of Injury:	11/29/1999
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old female, with a reported date of injury of 11/29/1999. The diagnoses include low back pain, opioid dependence, and chronic pain syndrome. Treatments to date include lumbar epidural steroid injection on 02/13/2015, oral medications, and topical pain medication. The medical report dated 01/30/2015 indicates that the injured worker complained of low back pain with radicular pain down the left leg. The objective findings include better walking without an assistive device. She reported no abdominal pain, no vomiting, a normal appetite, no diarrhea, and no vomiting of blood. The treating physician requested Ondansetron 4mg, with one refill for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4 mg #60 with 1 refill: 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 Moon, Y. E., et al. (2012). "Anti-emetic effect of

ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of chemotherapy medication induced nausea and vomiting. The adjustment of pain medications dosage could prevent nausea and vomiting. Therefore, the prescription of Ondansetron 4mg #60, with 1 refill is not medically necessary.