

<b>Case Number:</b>	CM15-0068206		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on June 21, 2013. Diagnoses include abdominal pain in the right upper quadrant, lumbago, displacement of the lumbar disc without myelopathy, degeneration of the lumbar/lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. Per the doctor's note dated 1/19/2015, she had complaints of chronic low back pain which radiates into the hips and down into the mid lower back with numbness in the foot; neck pain and pain into the arm and shoulder. The physical examination revealed increased pain with valsalva maneuver. The current medications list includes Zofran, Opana and Celebrex. She has had lumbar MRI on 11/20/2013. She has had physical therapy, home cervical traction and home exercise for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 8MG #30 X5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Ondansetron (Zofran)Antiemetics (for opioid nausea).

**Decision rationale:** ONDANSETRON 8MG #30 X5 REFILLS Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG was used. According to the ODG guidelines, Ondansetron (Zofran) this drug is a serotonin 5-HT<sub>3</sub> 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. A detailed history related to nausea or vomiting is not specified in the records provided. Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A detailed gastrointestinal examination is not specified in the records provided. The medical necessity of ONDANSETRON 8MG #30 X5 REFILLS is not established for this patient. Therefore is not medically necessary.