

<b>Case Number:</b>	CM15-0072320		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 who sustained an industrial injury on 07/14/2014. Diagnosis is lumbar disc displacement. Treatment to date has included diagnostic studies, medications, and home exercise program. A physician progress note dated 03/02/2015 documents the injured worker complains of pain in his low back. The pain is characterized as sharp and radiates into the lower extremities. He rates his pain as 8 on a scale of 1-10. There is palpable paravertebral muscle tenderness with spasms. Sealed nerve root test is positive. Range of motion is restricted and painful. There is tingling and numbness in her anterolateral thigh, anterolateral leg, anterior knee, medial leg and foot, all of which is in L4 and L5 dermatomal pattern. Treatment requested is for 30 Ondansetron 8 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ondansetron 8 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/zofran](http://www.drugs.com/zofran).

**Decision rationale:** This 51 year old male has complained of low back pain since date of injury 7/14/14. He has been treated with physical therapy and medications. The current request is for Ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. Based on these lack of medical findings, Zofran is not indicated as medically necessary.