

<b>Case Number:</b>	CM15-0075406		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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:

This 24 year old male sustained an industrial injury to the back on 4/13/12. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit trial and medications. In a progress note dated 3/11/15, the injured worker complained of ongoing moderate to severe back pain with radiation down the left lower extremity. The injured worker also complained of ongoing gastritis, nausea and depression. Current diagnoses included chronic intractable neck pain, disc protrusion cervical spine, bilateral shoulder sprain/strain, chronic intractable low back pain, left lower extremity radiculopathy, left lower extremity neuropathic pain, depression, gastritis and nausea. The treatment plan included medications (Cyclobenzaprine, Diclofenac XR, Omeprazole, Zofran and Wellbutrin) and a pain management consultation for possible epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4mg #30 (prescribed on 3/11/15) to counter effect nausea from NSAIDs prophylaxis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Ondansetron.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

**Decision rationale:** Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "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." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. The treating physician is using it for nausea associated with long term use of NSAIDs. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, ondansetron is not a proton pump inhibitor and is not considered first line treatment, which he has been started on. As such the request for Ondansetron 4mg #30 (prescribed on 3/11/15) to counter effect nausea from NSAIDs prophylaxis is not medically necessary.