

Case Number:	CM15-0078316		
Date Assigned:	04/29/2015	Date of Injury:	11/15/2001
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina

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:

The injured worker is a 44 year old female, who sustained an industrial/work injury on 11/15/01. She reported initial complaints of pain in upper/lower extremities. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb (ankle). Treatment to date has included medication, psychological counseling, and sympathetic blocks. Currently, the injured worker complains of bilateral upper/lower extremity pain described as 'electrical' and rated 8/10. Per the primary physician's progress report (PR-2) on 4/9/15, examination reported guarding of the affected limbs, hypersensitivity to touch, muscular spasms, joint swelling of joints, emotional stress secondary to pain as well as sleep disruption. Gait was wide based. There was depression and flat affect. The requested treatments include Ondansetron 4mg disintegrating tablet, as need for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg disintegrating tablet, 1 tablet every 12 hours by oral route as need for nausea for 15 days, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, zofran.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons the request is not medically necessary.