

<b>Case Number:</b>	CM15-0099380		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 68 year old male, who sustained an industrial injury on February 6, 2009. He reported low back pain with lower extremity radiculitis. The injured worker was diagnosed as having intractable lower back pain, degenerative disc disease of the lumbar spine, multilevel disc protrusion of the lumbar spine, radiculopathy evidenced by electrodiagnostic nerve conduction studies and radiculitis of the lower extremities. Treatment to date has included diagnostic studies, back orthotics, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with lower extremity pain, tingling and numbness, worse on the left than the right. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 6, 2015, revealed continued pain as noted. He reported the pain level was 7/10 with 10 being the worst pain imaginable. He was noted to be having an acute exacerbation of low back pain. Electrodiagnostic studies on July 22, 2014, revealed right sided radiculopathy however he is more symptomatic on the left side. He reported difficulty with sleeping. He noted good relief with previous lumbar steroid injections. Evaluation on March 26, 2015, revealed continued pain as noted. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4 mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**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 68 year old male has complained of low back pain since date of injury 2/6/09. He has been treated with physical therapy and medications. The current request is for Zofran. 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. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.