

Case Number:	CM13-0017349		
Date Assigned:	11/06/2013	Date of Injury:	11/04/2010
Decision Date:	01/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old male psychiatric nurse that injured his head, neck, upper back, right hand and wrist on 11/4/10 from a slip and fall and being struck with a food tray. The IMR application shows a dispute with the 8/23/13 UR decision. The 8/23/13 UR letter is from [REDACTED] and is based on the 7/15/13 and 5/22/13 medical reports. UR recommended against 10-tablets of Zofran for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT #10: Overturned

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 Official Disability Guidelines (ODG), Pain Chapter, Antiemetics.

Decision rationale: The records show the patient was prescribed 10 tablets of Zofran for post-operative use. The patient was cleared for right wrist surgery. The California MTUS guidelines did not discuss Zofran, but ODG guidelines mention this under Antiemetics and state they are

not indicated for nausea and vomiting from chronic opioid use, but are recommended for acute use, per FDA-approved indications for postoperative use. The request appears to be in accordance with ODG guidelines.