

Case Number:	CM13-0039600		
Date Assigned:	12/20/2013	Date of Injury:	09/14/2010
Decision Date:	04/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 47 year old male injured in a work related accident on September 14, 2010. The records indicated that the injury was related to cumulative trauma and that the claimant was status post first dorsal extensor compartment release in 2010. The recent clinical records reviewed included an August 16, 2013 assessment by [REDACTED] who noted that the claimant was diagnosed with continued pain in the hand and wrist. The recommendation at that time was for excision of a painful right distal scar formation and neurolysis of the dorsal sensory branches of the radial nerves. Work status at that date was modified. The surgical process was being recommended but had not yet been approved. The medications prescribed at that visit were Tylenol #4 for analgesic and Zofran. There was no indication of further treatment documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron for treatment of the right hand and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure - Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure - Antiemetics.

Decision rationale: Based on the Official Disability Guidelines criteria as the CA ACOEM and MTUS Guidelines are silent, the request for Ondansetron cannot be recommended in this setting for chronic opioid use and is only recommended for acute clinical findings including postsurgical setting and gastroenteritis. The records indicate the claimant has a diagnosis of chronic wrist and hand pain awaiting a possible potential surgical process. There is no clinical indication for the role of an antiemetic in the chronic stage in the claimant's course of care given the current clinical findings and documentation of recent care to date.