

Case Number:	CM13-0041879		
Date Assigned:	12/20/2013	Date of Injury:	10/23/1998
Decision Date:	03/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine, 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 40-year-old with date of injury 10/23/1998. She is currently a patient of [REDACTED], but has been under the care of numerous physicians. A QME (Quality Medical Review) dating back to 03/05/2012 by [REDACTED] lists the following diagnoses: 1. Chronic pain syndrome, probable residuals of complex regional pain syndrome of the bilateral upper extremities., 2. History of multiple knee surgeries for patellofemoral recurrent subluxation., 3. History of bilateral thoracic outlet decompressions., 4. Status post right shoulder reconstruction with manipulation and lysis of adhesions., 5. History of ulnar nerve decompression of the right upper extremity. In addition, she has been diagnosed with major depressive disorder, agoraphobia, and panic attacks. The patient's current medication regimen as taken from [REDACTED] report of 05/22/2013 is as follows: Levothyroxin, Coumadin, oxycodone, Skelaxin, Lyrica, Lexapro, diphenhydramine, Dolgic Plus, omeprazole, ondansetron, nizatidine, MiraLax, promolaxin, trazodone, Lidoderm patches, Medrol Dosepak p.r.n., temazepam, diazepam, and ibuprofen. The patient has been permanently disabled and has not worked for 15 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg Q12: 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, Ondansetran (Zofran) Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Ondansetran (Zofran) Section.

Decision rationale: The Physician Reviewer's decision rationale: Ondansetron anti-emetic medication that is typically used to treat nausea and vomiting associated with cancer treatment, postoperatively, morning sickness associated with pregnancy, cyclic vomiting syndrome, and gastroenteritis. According to the ODG, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The patient's current medication regimen as taken from [REDACTED] report of 05/22/2013 is as follows: Levothyroxin, Coumadin, oxycodone, Skelaxin, Lyrica, Lexapro, diphenhydramine, Dolgic Plus, omeprazole, ondansetron, nizatidine, MiraLax, promolaxin, trazodone, Lidoderm patches, Medrol Dosepak p.r.n., temazepam, diazepam, and ibuprofen. The request for Ondansetron 8 mg Q12 is not medically necessary or appropriate.