

<b>Case Number:</b>	CM13-0054764		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 61-year-old female who sustained injuries on 12/7/12 while working as a supervisor in the accounting department. She was walking in the intersection of the parking structure when she was hit by a vehicle. She flew on top of the hood of the car and then landed on the ground. Subsequently, she was seen in the emergency room. Injuries consisted of left knee, left shoulder, and left side of the rib cage. Subsequently, she received significant care which ultimately required surgery. Extensive surgical procedure was performed on the left shoulder in July, 2013. Extensive left knee surgical procedure was performed on 10/11/13. The treating surgeon provided prescription for Zofran prior to the shoulder as well as the knee surgery, the medication to be used for postoperative nausea. Prescription for Zofran was dispensed on 10/2/30. It has been retrospectively denied because of the lack of documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) ONDANSETRON ODT 8MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ANTIEMETICS Section.

**Decision rationale:** Ondansetron, originally marketed under the brand name Zofran, is a serotonin 5-HT<sub>3</sub> receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. This medication was prescribed by the surgeon for postoperative nausea. According to the drug literature, it is indicated for that purpose. Prescription was filled about the time of knee surgery. It is not clear if the previous prescription prior to the shoulder surgery was filled. The carrier had requested additional information from the surgeon regarding the use of this drug. According to the available records, it is not clear whether this information was provided. However as stated above, it was recommended for postsurgical use by the treating surgeon. The request is medically necessary and appropriate.