

<b>Case Number:</b>	CM13-0056307		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Pain Medicine and is licensed to practice in Texas. 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 55-year-old female who reported injury on 04/27/2011. The specific mechanism of injury was not provided. The patient was noted to undergone a rotator cuff repair, acromioplasty, and Mumford procedure of the right shoulder. The patient's diagnoses were noted to include rotator cuff syndrome, shoulder and allied disorders. Clinical documentation submitted for review failed to indicate the duration the patient had been on the medication Zofran. Recent documentation dated 11/25/2013 revealed the patient found the Zofran helpful. The request was made for Zofran 4 mg #10 take 1 by mouth daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron (Zofran) 4mg #10:** Upheld

**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, Ondansetron.

**Decision rationale:** Official Disability Guidelines indicate that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. There was lack of

documentation indicating the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the rationale for the requested medication. Given the above, the request for Ondansetron (Zofran) 4mg #10, take one by mouth daily as needed is not medically necessary.