

Case Number:	CM13-0057386		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2005
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 American Board of Family Practice, has a subspecialty in American Board of Family 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:

52 year old male claimant sustained a knee , wrist, shoulder, and back injury on 10/13/2004. He has had a left meniscetomy, left shoulder decompression, impingement syndrome, herniated discs and carpal tunnel release of his left wrist. He has used Tramadol and Diclofenac for pain along with Omeprazole for gastric prophylaxis. An exam report on 1/11/13 noted pain and reduced range of motion in the back, cervical region, knees, shoulders, elbows and wrist. The claimant was given Zofran (ondansetron) along to counter effects of NSAIDSs

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Ondansetron 4 mg: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: In this case, the subjective complaints from the employee did not note any nausea-like symptoms. According to the MTUS guidelines, Zofran is not mentioned as an indication for nausea management for those on NSAIDs. Also according to the ODG

guidelines, Zofran is not recommended . It is to be used according to the FDA labeling:
Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. As supported by the above statement, Zofran is not medically necessary.