

Case Number:	CM13-0061110		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2010
Decision Date:	05/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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 an employee of [REDACTED] and has submitted a claim for lumbosacral myofasciitis with radiculitis, right hip bursitis and depressive disorder associated with an industrial injury date of 12/22/2010. The treatment to date has included injection of right sacroiliac joint with 3 mL 0.5% plain Marcaine and 40mg Depo-Medrol on 10/31/2013, meniscal repair of right on 07/05/2011, physical therapy, knee brace, and medications including alprazolam, BuSpar, temazepam, Wellbutrin, and NSAIDs. The utilization review from 11/05/2013 denied the request for Zofran 8mg #20 post-op SI joint injections because there was no evidence of nausea or vomiting status post injection. The medical records from 2013 were reviewed showing that patient has been complaining of severe right-sided low back pain, right hip and knee pain graded 7-8/10 described as aching and throbbing. This resulted to difficulty with prolonged driving, shopping, and cleaning since the injury. Physical examination showed tenderness at paravertebral muscles, right sciatic notch and right sacroiliac joint. Range of motion of lumbar spine and right knee was limited with presence of pain at end-range. Patrick's, FABERE and straight leg raise tests were positive on the right. The patient manifested with antalgic gait on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8MG #20 POST OP SI JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC, Pain, Ondansetron.

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, AND ONDANSETRON

Decision rationale: California MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is not recommended for nausea and vomiting. In this case, the patient underwent sacroiliac joint injection on 10/31/2013. However, none of the recent reports provide any rationale for the use of Zofran. There was no documentation on complaints of nausea or vomiting necessitating its use. The use of Zofran does not appear to be in accordance with the guidelines. Therefore, the request for Zofran 8mg #20 post op SI joint injection is not medically necessary.