

Case Number:	CM13-0063447		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2009
Decision Date:	10/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Emergency 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 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:

Patient is with reported date of injury on 1/12/2009. No mechanism of injury was provided for review. Patient has a diagnosis of post C5-C7 hybrid reconstruction, post L Guyon canal release, and post L cubital tunnel release, post L shoulder surgery with rotator cuff repair, bilateral carpal tunnel syndrome, C6 radiculopathy and ulnar neuropathy. Medical reports reviewed. Last report was reviewed until 1/15/14. A large number of progress notes in excess of 4500pages that date back to 2008 were sent. These notes were not reviewed unless it was relevant to the current IMR. In additional progress notes until 4/2014 was also sent. These recent notes were not reviewed since recent information and data does not retrospectively affect criteria used for IMR as per MTUS guidelines. Patient has complaints of L shoulder and bilateral upper extremity pain. Pain is chronic and unchanged. Objective exam reveals well healed cervical incision, no neurological deficit in upper extremity. L shoulder is unchanged. Tenderness to L shoulder anteriorly. Pain with minimal range of motion. Well healed incision. Well healed carpal tunnel and cubital tunnel release scar. Tenderness to wrist. L cubital fossa pain. Elbow Flexion test is positive. Report states that Ondansetron was requested for nausea from Cyclobenzaprine. Complete medication list include Cozaar, Protonix, Levemir, Victoza, Viagra, Humalog, Percocet, Sumatriptan, Cyclobenzaprine, Naproxen and Tramadol. Independent Medical Review is for Ondansetron ODT Tablets 8mg #30x2. Prior UR on 11/11/2013 recommended non-certification of Ondansetron. It approved Naproxen, Omeprazole, Cyclobenzaprine, Sumatriptan and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT TABLETS, 8MG #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (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(Chronic) Antiemetics(for opioid nausea)

Decision rationale: There are no relevant sections in the MTUS Chronic Pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guide (ODG), anti-emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about nausea or any complaints of nausea. The number of tablets prescribed is also not consistent with short term use. Due to lack of documentation with no noted symptoms that warrant an anti-emetic and long term use, Ondansetron is not medically necessary.