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| <b>Case Number:</b>   | CM14-0002011 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 08/23/2012 |
| <b>Decision Date:</b> | 06/11/2014   | <b>UR Denial Date:</b>       | 12/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presented with chronic pain following a work related injury on 8/23/2012. The claimant complained of left shoulder pain, sensitivity and stiffness. The physical exam was significant for atrophy of the left upper arm, tenderness of the left glenohumeral oitn acromioclavicular joint and evidence of instability and impingement on the left shoulder motion is limited in flexion, extension, abduction and adduction. An MRI of the chest on 11/04/2013 shows evidence of complete tear of the pectoralis major with 19mm of retraction and tendinosis of the subscapularis. The claimant was treated with splinting, medications and therapy. The claimant was scheduled for left pectoralis tendon repair and postoperative physical therapy 2x 6. A claim was made for post operative medication x 1: Zofran 4mg Ondansetron 1 by mouth every q 4-6 hours when necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE MEDICATION X 1: ZOFRAN 4MG ONDANSETRON (ODT) 1 BY MOUTH (PO) EVERY (Q) 4-6 HOURS (H) WHEN NECESSARY (PRN):** 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), ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints, Treatment Consideration and the Physician Desk Reference.

**Decision rationale:** The MTUS and ODG do not present a statement on this medication. The physician desk reference states that this medication is indicated for anti-nausea medication treatment of chemotherapy and related emesis as well as post-operative nausea and vomiting. The ODG does states that this medication is not recommended for long term use of nausea and vomiting associated with chronic use of opioids. The claimant was prescribed this medication for post-operative nausea and vomiting. Therefore, the request for post operative medication x 1:Zofran 4mg ondansetron (ODT) 1 by mouth (PO) ever (Q) 4-6 hours (H) when necessary (PRN) is medically necessary and appropriate.