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| Case Number: | CM14-0002952 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 04/26/2013 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 General Surgery 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 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 injured worker is a 58 year old male who sustained a work related injury on 04/26/13. The injured worker and his coworker were unloading a steel platform walker that weighed approximately 80 pounds from the company truck. As the injured worker lowered the steel walker halfway down from the truck, he felt severe painful pulling sensation to his neck, right shoulder, and low back. The injured worker felt dizziness and severe pain in his neck, right shoulder, and low back. The injured worker developed numbness and burning pain in his right wrist, hand, thumb, second, and third fingers. The injured worker was seen at the company clinic, x-rays taken, and provided medication. Treatment included physical therapy, trigger point injections, pain medication, NSAIDs which caused GI upset. The injured worker underwent a right carpal tunnel release on 12/17/13. EMG/NCV were conducted on 06/28/13 and showed evidence of mild bilateral carpal tunnel syndrome. Right shoulder MRI dated 07/03/13 showed partial thickness tearing and tendinopathy at the junction of the supraspinatus and infraspinatus tendons. There was also some partial thickness rim tear involving the anterior insertional fibers of the supraspinatus tendon. Small fluid in the subacromial subdeltoid bursa consistent with mild bursitis. Lumbar and cervical MRIs dated 07/03/13 showed multilevel degenerative changes. Physical examination on 10/30/13, injured worker continued to complain of pain referable to the right wrist with numbness and tingling in the right thumb, index finger, and middle finger. Right wrist demonstrated 1cm of forearm atrophy, tenderness about the carpal tunnel. Phalen sign was present. Tinel sign at the media nerve present. Tinel sign at the ulnar nerve was present, 4/5 strength, and decreased sensation about the thumb, index, and long finger. He was diagnosed with right wrist persistent carpal tunnel syndrome. Progress report on 12/09/13 patient complained of pain, stiffness weakness and numbness to the lumbar spine, right shoulder, and right wrist. Positive Tinel and Phalen tests. In reviewing the clinical

documentation there were no visual analog pain scale scored, with and without medication. No clinical documentation of functional improvement. He has however had urine drug screen which were consistent with medication prescribed

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Zofran®).

Decision rationale: The request for Ondansetron 8mg is not medically necessary. The clinical documentation and current evidence based guidelines do not support the request. Not recommended for nausea and vomiting secondary to chronic opioid use. This medication is used alone or with other medications to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy) and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. As such, medical necessity has not been established.