

Case Number:	CM14-0106734		
Date Assigned:	08/01/2014	Date of Injury:	05/29/2012
Decision Date:	10/06/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 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:

This is a 60-year old male with a date of injury of 5/29/12. The mechanism of injury to the right shoulder, right wrist, and right knee was due to a fall. On 12/4/12 he had right knee surgery with physical therapy post-op. On 4/10/13 he had right shulder surgery with PT post-op. On 11/12/13 he had an MRI of the right upper extremity. On 4/24/14 he complained of worsening right wrist pain, slight wrist swelling, and the inability to grip or grasp with the right thumb as well as right wrist weakness. Exam findings remained unchanged from the previous visit. He was recommended for surgery of the right wrist and was prescribed with pre-op meds such as Norflex and Omeprazole as well as post-op meds such as Ondansetron (Zofran) and Keflex. The diagnostic impression is closed right wrist injury, right wrist chronic pain with loss of range of motion. Treatment to date: physical therapy, steroid injections, right knee surgery 12/4/12, right shoulder surgery 4/10/13, right upper extremity MRI on 11/12/13A UR decision dated 6/9/14 denied the retrospective request for Ondansetron (Zofran) ODT 8mg #30. The Zofran was denied because guidelines do not recommend the use of Zofran for nausea and vomiting secondary to chronic opioid use. There was no clear detail provided in the available documentation as to why the Zofran was prescribed post-operatively as there was no documentation of any particular post-op nausea issues that occurred and no indication whether the right wrist surgery was ever completed or not and also no clear detail was provided as to why the patient could not have used an over-the-counter medication as needed for nausea if those symptoms occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron ODT 8mg 30's: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Ondansetron (Zofran)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, Zofran ODT 8mg is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use. It is unclear why Zofran was prescribed as a post-op med as there was no previous issues provided in the submitted records to warrant the need for Zofran post-op. In addition, the retrospective request does not specify a date to review. Therefore, the request for a retrospective Ondansetron ODT 8mg #30 was not medically necessary.