

Case Number:	CM14-0016769		
Date Assigned:	02/21/2014	Date of Injury:	04/26/2012
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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 Tennessee. 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 a 37-year-old female who has submitted a claim for frozen right shoulder, right shoulder recurrent impingement syndrome, rule out internal derangement of right shoulder, status post arthroscopy, rule out cervical pathology herniated disc of cervical spine, rule out cervical radiculitis neuropathic pain of right upper extremity and depression associated with an industrial injury date of 4/26/12. Medical records from 2012-2013 were reviewed which showed persistent limitation of motion of the shoulder. She was unable to use her shoulders for any activities of daily living, which requires over the shoulder movements. She denied numbness or tingling sensations. Physical examination of the cervical spine showed negative muscle spasm and tenderness. Spurling test was negative. Right shoulder examination showed tenderness and spasm in the parascapular musculature. Neer, Hawkin, Crossover, Apprehension and Joint Compression tests were negative. Treatment to date has included status post shoulder arthroscopy, subacromial injection, steroid injection and physical therapy. Medications taken include, Diclofenac XR, Omeprazole 20 mg, Tramadol ER, Cyclobenzaprine 7.5 mg, Ondansetron 4 mg and Wellbutrin. Utilization review from 1/13/2014 denied the request for Ondansetron 4mg. It was denied because it was not recommended for nausea and vomiting secondary to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF ONDANSETRON 4MG, BY THE MOUTH, EVERY DAY FOR NAUSEA FROM NSAIDS PROPHYLAXIS #30:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin) Page(s): 27. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Antimetics (for opioid nausea).

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, Antiemetics and Ondansetron Section.

Decision rationale: The CA 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, (Pain Chapter, Antiemetics and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, patient was prescribed Ondansetron 4 mg as a prophylaxis from NSAID induced nausea. However, the guideline clearly indicates that this is only recommended for prevention of nausea related to chemotherapy, radiotherapy, and surgery. Guidelines have not been met. Therefore, the request for retrospective request for prescription of Ondansetron 4mg, by the mouth, every day for nausea from NSAIDs prophylaxis #30 is not medically necessary.