

<b>Case Number:</b>	CM14-0154998		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Orthopedic Surgeon 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:

The patient is a 56-year-old male who has submitted a claim for right wrist chronic pain and dysfunction which involves the 2nd, 3rd, and 4th MCP joints, 5th PIP, pisotriquetral joint, radio carpal joint, and dorsal 2nd web space/anterior metacarpal ligament, s/p multiple hand surgeries and injections; with an associated injury date of 10/28/2010. Medical records from 2014 were reviewed. The patient complains of limited ROM of the fingers of the right hand, stiffness of the fingers of the right hand, pain in the right wrist, especially with application of pressure, pain in the right fingers/knuckles with certain activities, and numbness on the topside/knuckles of the right hand. Physical exam showed decreased pain in the pisotriquetral area, positive tenderness over the right hypothenar eminence, slight positive tenderness over the pisiform triquetral junction, and sensation intact for bilateral hand/wrists. Treatment to date has included multiple right hand surgeries including arthroscopy, extensor tenosynovectomy, capsulotomy, TFCC repair, and K-wire fixation, Ambien, Norco, Prilosec, Tylenol #4, physical therapy, and home exercise program. The utilization review from 8/29/2014 denied the request for Zofran 4mg #30 with 1 refill due to no indication of nausea and unable to determine post-operative nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4 mg #30, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48,

270. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand

**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 (for opioid nausea) and Ondansetron

**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, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use but is recommended for post-operative nausea use. In this case, the patient is planning to undergo hand surgery and will be receiving anesthetic agents that may cause post-operative nausea and vomiting. While Zofran is being prescribed as a post-operative antiemetic, dispensing 30 tablets with 1 refill is excessive for transient post-operative nausea. Therefore, the request for Zofran is not medically necessary.