

Case Number:	CM14-0023759		
Date Assigned:	06/13/2014	Date of Injury:	08/01/2011
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 39-year-old female who was reportedly injured on August 1, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of intermittent right shoulder pain. The physical examination demonstrated mild tenderness over the anterior rotator cuff and slightly decreased muscular strength. There were diagnoses of status post right shoulder rotator cuff repair and acromioclavicular joint (AC) resection. Previous treatment includes right shoulder surgery for a rotator cuff repair and a distal clavicle excision. A request was made for Zofran and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN, QUANTITY: 10: 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 Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/zofran.html.

Decision rationale: Zofran is the antiemetic medication used to treat nausea and vomiting due to medications or surgery. The most recent medical record, dated May 13, 2014, stated that the injured employee is not taking any current medications at this time to include any narcotic medications nor has there been a recent shoulder surgery. Therefore, this request for Zofran is not medically necessary.