MAXIMUS Federal Services

Case Number:	CM14-0030014		
Date Assigned:	06/20/2014	Date of Injury:	11/26/2012
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal Medicine, and is licensed to practice in Virginia and District of Columbia. 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 41 year old patient who sustained injury on Nov 26 2012.The patien had a left shoulder MRI which showed a superior labral tear and left wrist MRI showing tendinitis of the extensor carpi of the distal radius. This was noted [redacted] noted in Jan 29 2013 and Feb 26 2013. The patient continued to have pain in the left wrist and the patient was prescribed ibuprofen. [redacted] saw the patient on Feb 7 2013 for persistent pain in left wrist and shoulder. The patient had the left shoulder injected with Kenalog and bupivacaine on Jul 2013 by [redacted]. During this visit, the patient was given Zofran and naproxen. The patient was noted to have nausea with narcotic usage. He was given Percocet, along with prn Zofran, per [redacted] note on Aug 28 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: http://www.rxlist.com/zofran-drug/indications-dosage.htm>.

Decision rationale: This patient had persistent pain symptoms and underwent surgical intervention. In the post operative setting, narcotic medications were given to treat the pain and the patient had issues with nausea and vomiting. Zofran, an antiemetic, is used to treat nausea and vomiting. This would be indicated for this patient.Zofran indications:1.Prevention of nausea and vomiting associated with highly emetogeniccancer chemotherapy, including cisplatin 50 mg/m2.2.Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy.3.Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen.4.Prevention of postoperative nausea and/or vomiting. As with otherantiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low.