

Case Number:	CM14-0034576		
Date Assigned:	06/30/2014	Date of Injury:	06/22/2009
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55 year old woman who sustained a work related injury on June 22 2009. Subsequently, she developed a chronic right shoulder pain. According to a note on February 15 2014, the patient was reported to have pain despite treatment. Her physical examination showed forward shoulder elevation, lumbar tenderness and right shoulder impingement. Right shoulder MRI performed on November 26 2011 showed signs of tendinitis. The patient was diagnosed with right shoulder impingement with partial thickness of the rotator cuff. The patient was treated with pain medications, physical therapy, cortisone injection and activity modification. The provider requested authorization to use Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg: 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: oon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. ODG guidelines do not recommend Zofran for nausea and vomiting induced by opioids use. Therefore, the prescription of Zofran is not medically necessary.