

Case Number:	CM14-0047996		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2012
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 39 year old female with an injury date of 05/07/12. Based on the 03/11/14 progress report provided by [REDACTED], the patient complains of right shoulder pain which she rates as a 10/10. In [REDACTED] 01/14/14 report, she also complains of right wrist pain which she rates as a 9/10 and right hand pain which she rates as a 9/10. The patient had a right stellate block on 10/12/13, a right stellate ganglion block on 01/13/14, and a rotator cuff repair of the right shoulder on 02/28/14. The patient's diagnoses include the following: 1.Cervical disc disease. 2.Status post right elbow lateral epicondyle. 3.Right wrist triangular fibrocartilage complex tear, secondary to instability. 4.Carpal tunnel syndrome. 5.Lumbar disc disease [REDACTED] is requesting for Ondansetron 8 mg #10. The utilization review determination being challenged is dated 03/24/14. [REDACTED] is the requesting provider and provided treatment reports from 10/08/13 - 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) ODG guidelines have the following regarding antiemetics.

Decision rationale: According to [REDACTED] 01/14/14 report, the patient presents with right wrist pain, right hand pain, and shoulder pain. The request is for Ondansentron 8 mg #10. The 01/13/14 procedure note regarding the right stellate ganglion block states that the patient had significant nausea following the procedure and was provided with Ondansentron 8 mg one po bid for a total of 30, for post-operative nauseas and vomiting. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The treater is requesting this medication for patient's nausea after an injection procedure which appears reasonable. Therefore, the request is not medically necessary.