

Case Number:	CM14-0050978		
Date Assigned:	07/07/2014	Date of Injury:	07/23/2007
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 62-year-old male with a 7/23/07 date of injury, and right carpal tunnel release on 10/3/13. At the time (3/21/14) of the Decision for Zofran 8 mg # 20, there is documentation of subjective (right hand pain with intensity of 8/10) and objective (positive Tinel' sign, Phalen's sign, and Durkan's sign in left wrist.) findings, current diagnoses (cubital tunnel syndrome and left ulnar nerve entrapment), and treatment to date (medications (including Norco, Plavix, Docusate, Gabapentin, Flexeril, and Cyclobenzaprine and physical therapy). 3/6/14 medical report identifies that Zofran is to be used post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition, 2013 Updates, Chapter - Pain.

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).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of cubital tunnel syndrome and left ulnar nerve entrapment. However, despite documentation that Zofran is to be used following surgery, there is no documentation of a pending surgery that is authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Zofran 8 mg # 20 is not medically necessary.