

<b>Case Number:</b>	CM14-0053597		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36-year-old female who reported an injury on 06/21/2011. The diagnosis included carpal tunnel syndrome. Prior treatments included medications and a functional restoration program. Additional treatments included psychotherapy. The documentation of 05/19/2014 revealed the injured worker had complaints of restlessness and it was indicated the injured worker was experiencing depressive symptoms. The injured worker indicated she had a profound loss of pleasure in all enjoyable activities. The injured worker's medications included fluoxetine hydrochloride 40 mg capsules, Lidocaine 5% patches, methadone hydrochloride 5 mg tablets and Zofran ODT 8 mg tablets. The physician documented the injured worker appeared to be anxious and depressed, and did not show signs of intoxication or withdrawal. The injured worker's right upper extremity revealed abnormal skin coloring, swelling, hair and nail growth, and sweating, as well as limited range of motion, motor neglect, allodynia, abnormal temperature and cold allodynia as well as hyperalgesia to skin prick. The diagnosis included pain in joint of forearm, reflex sympathetic dystrophy of upper limb, carpal tunnel syndrome and pain in joint of hand. The treatment plan included continuation of fluoxetine hydrochloride 40 mg, Zofran ODT 8 mg tablets, and Lidocaine 5% patches, as well as Norco 10/325 tablets, and tramadol hydrochloride ER 100 mg tablets. The documentation indicated the injured worker had seen a psychologist that was far away from her, and she would like to see a psychologist again, but preferred to see a psychologist in her own town. The injured worker finished a functional restoration program and reported good functional and psychological benefit. After finishing the functional restoration program, the injured worker still endorsed moderate levels of depression such as anhedonia, anergia, and low mood, which the physician opined it seemed associated to PTSD. The injured worker re-experienced the event in recurrent stressing dreams and trace of

recollections during the day. Intense psychological and physiological distress at exposure to assemble including blood, blades, and knives. The injured worker had persistent avoidance of stimuli associated with the trauma. The injured worker avoids activities such as knives while cooking and efforts to avoid thoughts about the accident were persistent. The injured worker had diminished interest, feelings of detachment, and a sense of foreshortened. The injured worker was noted to have had psychological therapy in the functional restoration program; however, it was indicated and opined when symptoms of depression and PTSD (Post-Traumatic Stress Disorders) are combined, ongoing sessions of prolonged exposure therapy were recommended. The treatment plan included 6 sessions of individual biofeedback and cognitive behavioral therapy as aftercare. The mechanism of injury was not provided. Documentation of 03/27/2014 revealed the injured worker's pain symptoms were adequately managed by the medications and that the pain level had remained unchanged. The new medication that was prescribed was Zofran ODT 8 mg tablets. The injured worker indicated she had nausea and reported having lost 10 pounds on methadone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zofran ODT 8 mg #30:** Upheld

**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 Official Disability Guidelines (ODG) Pain Chapter, Ondansetron.

**Decision rationale:** The Official Disability Guidelines do not recommend Ondansetron for opioid induced nausea. This was a new medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zofran ODT 8 mg #30 is not medically necessary and appropriate.