

Case Number:	CM14-0067139		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2012
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for status post left shoulder arthroscopic surgery, and adhesive capsulitis associated with an industrial injury date of November 1, 2012. Medical records from 2014 were reviewed. The patient complained of clicking and sharp pain to her left shoulder, rated 2/10 in severity. The pain radiates to the upper arm and elbow, as well as into the right side of the neck. Physical examination showed tenderness at the left shoulder. There was limited range of motion of the left shoulder. MRI of the left shoulder, dated April 11, 2013, revealed increased soft tissue signal in the rotator interval, which can be seen in the setting of adhesive capsulitis, inferior glenohumeral ligament is within normal limits; full-thickness partial-width tear of anterior fibers of the distal supraspinatus tendon, full-thickness tear extends approximately 5mm in the anterior posterior direction, with between 6 and 10mm of retraction of the anterior fiber, there is mild muscular atrophy; tendinosis of the subscapularis with partial tearing of distal insertional fibers; moderate intrasubstance tearing of the infraspinatus; and linear fluid signal through the posterior labrum is suspicious for a posterior labral tear. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, medication management, home exercise program, activity modification, and left shoulder arthroscopic surgery. Utilization review, dated March 6, 2014, denied the request for Zofran 8mg #20, post op medication because guidelines do not recommend it for nausea and vomiting secondary to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #20, post-op medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines (ODG) Chronic Pain Section, Anti-emetics Other Medical Treatment Guideline or Medical Evidence: FDA, Ondansetron.

Decision rationale: CA MTUS does not address Zofran. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. As stated in the ODG, the use of anti-emetics is not recommended for nausea and vomiting secondary to chronic opioid use. According to the FDA, ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is recommended for acute use. In this case, patient underwent left shoulder arthroscopic surgery last August 2013. The medications of the patient was not specified on the medical records submitted. Since it is not recommended in the guidelines to use Zofran for long periods of time to counteract the adverse effects of opioids and since the previous surgery is already way beyond the post-operative period, it is not medically necessary to prescribe Zofran to the patient. Therefore, the request for Zofran 8mg #20, post-op medication is not medically necessary.