

Case Number:	CM14-0201278		
Date Assigned:	12/11/2014	Date of Injury:	10/22/2010
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 Spine Surgery and is licensed to practice in New York. 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 had an injury to his right finger on October 28, 2000 and. The patient has had multiple right hand and finger surgeries with cortisone injections. In July 2014 an evaluation revealed the patient is able to return to work with modification. MRI from July 2014 showed osteoarthritic changes and fracture deformity of the left ulna styloid which is chronic. Physical examination shows continued wrist pain abnormal finger stiffness. The patient has pain in the fingers with certain activities. This decreased range of motion and volar plate contraction of the joint. The physician is requesting additional finger surgery. At issue is whether Zofran is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30 for the postoperative right hand/fingers: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines do not support the routine postoperative use of Zofran. Zofran is a second stage antiemetic medication. The medical records do not indicate any particular reason why Zofran is been prescribed postoperatively. There is no previous

documentation of difficulty with nausea and vomiting with previous surgery. Justification for the use of Zofran, which is a very powerful antiemetic, has not been prescribed in the medical records. Also, the justification for additional finger surgery has not been clearly established and the medical records. The request is not medically necessary.