

Case Number:	CM14-0202943		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2012
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Orthopedic Surgery 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:

Claimant with reported industrial injury of 5/1/12. Exam note September 3, 2014 demonstrates complaints of neck pain. There is associated numbness in both wrists with dropping of items. Examination of bilateral rest demonstrates 60 of flexion and extension, 30 of radio deviation and twenty 20 on owner deviation. Examination bilateral elbows demonstrator hundred 140 of flexion, 0 of extension and 80 of pronation. 70 of supination is noted. Exam note 10/1/14 demonstrates complaints of neck pain. Right shoulder exam demonstrates decreased range motion with a positive impingement sign and apprehension test. Tenderness is noted to palpation over the right shoulder. Left shoulder examination demonstrates positive impingement sign and apprehension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Zofran 8mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 California MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the Official Disability Guidelines, Pain Chapter, Ondansetron (Zofran) is "not recommended for nausea and vomiting secondary to chronic opioid use." In this case, the exam note from 10/1/14 demonstrates no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, this request is not medically necessary.

Post-Operative Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note of 10/1/14 demonstrates no functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, the request is not medically necessary.