

Case Number:	CM14-0041342		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2009
Decision Date:	03/30/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on March 31, 2009. He has reported pain in both shoulder and has been diagnosed with status post excision of bucket handle portion of the superior labrum, reattachment of the residual superior labrum right shoulder, and subacromial decompression right shoulder, rotator cuff tear, left shoulder. Treatment has included a home exercise program and medications. Currently the injured worker complains of pain in both shoulders as well as neck pain. The treatment plan included pain medications and a home exercise program. On March 28, 2014 Utilization Review non certified Ondansetron 8 mg # 30 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #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 ODG - TWC 2014; Pain Chapter: Ondansetron (Zofran) Official Disability Guidelines ODG - TWC 2014: Pain Chapter : Antiemetic (for Opioid nausea)

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, anti-emetic use for opioid-related nausea, Zofran

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, she had been reportedly taking ondansetron to counter the nausea caused by the cyclobenzaprine for her muscle spasms. However, there was no evidence to show this medication is appropriate as there is no history of malignancy, and insufficient evidence of having failed other antiemetics. Also, since cyclobenzaprine is not recommended for chronic use, the need for any antiemetic would not be necessary. Therefore, considering the above reasons, the ondansetron, in the opinion of this reviewer, is not medically necessary.