

Case Number:	CM14-0069683		
Date Assigned:	07/14/2014	Date of Injury:	04/25/2013
Decision Date:	01/05/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family Medicine 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:

The injured worker is a 31-year-old female who experienced an industrial injury 04/25/13. There was no mechanism of injury or the affected body part(s) noted in the clinical documentation available for review. Worker had a neuro-diagnostic examination 01/27/14 for evaluation of causes of upper extremity pain, carpal tunnel syndrome, ulnar nerve entrapment or radiculopathy with radiating pain from the upper thoracic and lower cervical regions. Bilateral upper extremity EMG/nerve conduction studies were performed and revealed no evidence of axonal denervation or cervical radiculopathy. The EMG/nerve conduction studies of the upper extremities were absent finding of mononeuropathy, carpal tunnel syndrome, cubital tunnel syndrome, peripheral neuropathy or polyneuropathy or cervical radiculopathy. The most recent office visit evaluation report was 04/17/14. Diagnoses were right carpal tunnel syndrome, right wrist ganglion cyst, left carpal tunnel syndrome, and left wrist ganglion cyst. The worker was seem for follow-up on the ganglion cyst. She complained of wrist pain with a range of 4-8 on 1/10 scale. She reported of tingling-numbness in both hands and all fingers. Upon physician evaluation, there was bilateral tenderness to the neck-scalene, increasing with cervical rotation 70 degrees bilaterally. Equivocal Spurling's testing bilaterally, both wrists were tender with positive Tinel's and Phalen's with pain, and her grips were diminished. Treatment recommendations included continue physical therapy 1-2 times per week for 6 weeks, right wrist MRI for ongoing pain, tendonitis versus ganglion cysts. The clinical documentation noted it was not expected the worker would achieve relief of symptoms until she underwent bilateral carpal tunnel releases and additional evaluation of the ganglion cysts. The clinical documentation available for review did not address for what reason or symptoms the patient was prescribed Ondansetron 8 mg. Research of available resources did not support usage of Ondansetron as ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetrone 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, antiemetics, FDA (Federal Drug Administration)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Oncology Nursing Society Putting Evidence Into Practice® (ONS PEP) project team, Putting evidence into practice: evidence-based interventions to prevent, manage, and treat chemotherapy-induced nausea and vomiting, Tipton JM, McDaniel RW, Barbour L, Johnston MP, Kayne M, LeRoy P, Ripple ML.

Decision rationale: The requested medication is used to prevent, manage, and treat chemotherapy-induced nausea and vomiting. It is not intended to be used to treat adverse effects related to opiates. The rationale for its use is not clear and there is no documentation of chemotherapy-induced nausea and vomiting so the request is not reasonable.