

<b>Case Number:</b>	CM15-0016951		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on December 14, 2009, lacerating on all digits of the right hand when his hand became caught in a moving fan. The diagnoses have included status post right hand fan injury with crush component and distraction component, status post right 5 digit reconstruction, right thumb partial amputation with loss of range of motion (ROM), right index digit loss of range of motion (ROM), long digit and fourth digit decreased range of motion (ROM), hypoesthesia, and status post, right thumb amputation revision. Treatment to date has included multiple hand/digit surgeries and medications. Currently, the injured worker complains of right hand and digits pain, and left hand and arm pain. An Orthopedic Hand Surgery Specialist report dated December 8, 2014, noted the request for further hand surgery, with pain on palpation of the right thumb and nail, worsening over time. On January 7, 2015, Utilization Review non-certified Ondansetron (Zofran) 4mg, quantity: 30 tablets with one refill, modified to approve Ondansetron (Zofran) 4mg , thirty tablets, with no refills, and wound care cream, quantity: one, noting the clinical information submitted for review failed to meet the evidence based guidelines for the requested services. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Ondansetron (Zofran) 4mg, quantity: 30tablets with one refill, and wound care cream, quantity: one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron (Zofran) 4mg, quantity: 30 tablets, with 1 refill:** 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), Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics (for opioid nausea), 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) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with right hand and digits and left hand and arm pain rated 4-5/10 with and 8-9/10 without medication. The request is for ONDANSETRON (ZOFRAN) 4MG, QUANTITY 30 TABLETS WITH 1 REFILL. The RFA is not provided. Patient's diagnosis included status post right hand fan injury with crush component and distraction component, status post right 5 digit reconstruction, right thumb partial amputation with loss of range of motion (ROM), right index digit loss of range of motion, long digit and fourth digit decreased range of motion, hypoesthesia, and status post, right thumb amputation revision. Patient is not working. Ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery, and for acute use for gastroenteritis. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use." The medical records do not show a history of Zofran use. An Orthopedic Hand Surgery Specialist report dated 12/08/14 noted the request for further hand surgery, with pain on palpation of the right thumb and nail, worsening over time. In this case, while there is no discussion of nausea and vomiting, the patient is scheduled to have surgery soon. ODG does support the use of Zofran following surgery for post-op nausea/vomiting. However, the request is with one refill which is not needed. Post-op use is needed only for a short-term. The request was already modified by UR with no refill. The request for Zofran with one refill IS NOT medically necessary.

**Wound care cream, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Wound Dressings.

**Decision rationale:** The patient presents with right hand and digits and left hand and arm pain rated 4-5/10 with and 8-9/10 without medication. The request is for WOUND CARE CREAM, QUANTITY 1. The RFA is not provided. Patient's diagnosis included status post right hand fan injury with crush component and distraction component, status post right 5-digit reconstruction,

right thumb partial amputation with loss of range of motion (ROM),right index digit loss of range of motion, long digit and fourth digit decreased range of motion, hypoesthesia, and status post, right thumb amputation revision. Patient is not working. MTUS does not discuss wound management. ODG, Forearm, Wrist and Hand Chapter, Wound Dressings, does not discuss wound creams. In this case, an Orthopedic Hand Surgery Specialist report dated 12/08/14 noted the request for further hand surgery, with pain on palpation of the right thumb and digitnail, worsening over time. The patient is scheduled to have surgery soon; however, the reports provided do not specify exactly what type of cream has been recommended. The request IS NOT medically necessary.