

Case Number:	CM15-0145526		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2012
Decision Date:	09/29/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32 year old female sustained an industrial injury to the left shoulder, left arm and neck on 9-12-12. Documentation did not disclose recent magnetic resonance imaging. Recent treatment consisted of medication management. In a pain management reevaluation dated 5-21-15, the injured worker reported an increase in pain to the left shoulder with radiating pain into the left upper back, left underarm, left shoulder and breast, rated 7 to 9 out of 10 on the visual analog scale associated with swelling in the left arm and left axillary area and numbness and weakness in the left arm and hand. The injured worker also complained of left neck pain radiation into the left upper back and low back pain. The injured worker reported that Norco reduced her pain from 9 out of 10 to 4 out of 10. The injured worker reported some improvement with Naproxen Sodium. The injured worker had tried non-steroidal anti-inflammatory medications but discontinued them due to severe stomach pain. Physical exam was remarkable for ptosis of the left shoulder compared to the right, significant dystonia over the right side of the neck with the injured worker's head tilted to the right, persistent edema over the left neck and trapezius with severe trapezius muscle induration and trigger points, cervical spine with restricted range of motion and severe tenderness to palpation over the erector capitis, trapezius and anterior strap muscles and clavicular area. Current diagnoses included left upper extremity complex regional pain syndrome, chronic, severe left cervical spine sprain and strain with radicular symptoms, chronic, severe left shoulder pain, chronic left elbow pain with lateral epicondylitis, insomnia, headaches, anxiety, depression, gastroenteritis related to pain medications, constipation related to opioids, history of seizure disorder and episodes of syncope. The treatment plan included continuing medications (Maxalt, Dendracin, Lidoderm patches, Zofran, Naproxen Sodium, Norco and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran tab 8mg qid #120: 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), Pain Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zofran.

Decision rationale: Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case the patient is taking multiple medications that may cause nausea. She has been using zofran for longer than recommended. The documentation doesn't support that other etiologies have been considered for the symptoms. The request is not medically necessary.