

Case Number:	CM15-0168309		
Date Assigned:	09/09/2015	Date of Injury:	08/30/2010
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old male, who sustained an industrial-work injury on 8-30-10. A review of the medical records indicates that the injured worker is undergoing treatment for adhesive capsulitis of the shoulder, frozen shoulder on the right status post arthroscopy, epicondylitis medially on the right status post multiple injections and medial epicondylar release in August 2014, ulnar neuritis, chronic pain, depression, sleep problems, stress and gastrointestinal irritation. There is no mention of abdominal complaints, nausea or vomiting and there is no abdominal assessment noted. Medical records dated (7-1-15 to 8-11-15) indicate right shoulder and elbow complaints with quite a bit of improvement in motion of the elbow with epicondylar release on August 2014. Per the treating physician, report dated 8-11-15 the injured worker has work limitations. The physical exam dated 3-23-15 the physician notes that the injured worker has a history of Gastroesophageal reflux disease (GERD) and that "the medications he was on worsened his pre-existing Gastroesophageal reflux disease (GERD)." The physical exam dated 8-11-15 reveals tenderness along the superior angle of the scapula on the right side. Medial epicondyle pain is noted, he can reach 135 degrees of flexion and there is tenderness in the acromioclavicular joint (AC). There is note of the physician stating that "he does not have any gastrointestinal qualified exam or psychiatry qualified exam." It is also noted that he is using Protonix for his stomach. Treatment to date has included pain medication, Zofran since at least 7-1-15, injections, bracing of elbow, Transcutaneous electrical nerve stimulation (TENS), surgery, hot and cold wrap, polar ice, and physical therapy 12 sessions. The treating physician indicates that the urine drug test result dated 7-1-15 was inconsistent with

the medication prescribed. The original Utilization review dated 8-30-10, denied-modified a request for Zofran 8mg #10 as the injured worker does not meet the clinical criteria set forth by the guidelines for this medication. He has already received Zofran #10 previously prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #10: 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, Antiemetics (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 (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 8/2014. As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.