

Case Number:	CM15-0169639		
Date Assigned:	09/10/2015	Date of Injury:	08/29/2013
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

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 43 year old female, who sustained an industrial injury on 8-29-13. The injured worker is undergoing treatment for left shoulder pain, left shoulder adhesive capsulitis, rotator cuff syndrome and status post arthroscopic decompression and rotator cuff repair (5-2014). Medical records dated 5-28-15 through 6-1-15 indicate the injured worker underwent left shoulder manipulation under anesthesia and intra articular injection without complications. Physical exam dated 6-1-15 indicates left shoulder pain with numbness and tingling. Treatment to date has included surgery, physical therapy and medication. The original utilization review dated 7-31-15 indicates the request for retrospective (6-1-15) Ondansetron is non-certified noting lack of indication of nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron dispensed on 6/1/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons the request is not certified and therefore is not medically necessary.