

<b>Case Number:</b>	CM15-0192223		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 3-27-10. The injured worker is being treated for chronic left shoulder pain, adhesive capsulitis of left shoulder, status post left shoulder surgery, peripheral neuropathy and chronic pain syndrome. Treatment to date has included 2 left shoulder surgeries, injections, physical therapy and oral medications including Ondansetron 8mg, Tramadol 50mg, Venlafaxine 37.5mg and activity modifications. On 9-21-15, the injured worker complains of pain in left shoulder radiating down left arm to elbow, described as constant, sharp, burning and aching rated 8 out of 10 without medication and 3 out of 10 with medications and increased with activity; decreased with medications and rest. On 9-21-15, physical exam of left shoulder revealed multiple well healed surgical scars as well as muscle atrophy, tenderness to palpation over the tip of the acromion and supraspinatus tendon and limited range of motion. The treatment plan included continuation of oral medications including Ondansetron 8mg (documentation did not include complaints of nausea or vomiting). On 9-23-15 request for Ondansetron 8mg#30 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zofran.html>.

**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:** According to the ODG, Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. It is 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 documentation doesn't show that the patient has an FDA approved indication for the use of Zofran. There is no documentation of post-operative nausea or nausea associated with chemotherapy. The requested treatment is not medically necessary.