

<b>Case Number:</b>	CM15-0036932		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old female, who sustained an industrial injury on 04/25/2013. She has reported injury to the bilateral wrists/hands. Diagnoses include status post right carpal tunnel decompression, status post left carpal tunnel decompression, and bilateral trigger thumbs. Treatment to date has included status post right carpal tunnel decompression, status post left carpal tunnel decompression, flexor sheath injections, and medication regimen. In a progress note dated 01/05/2015 the treating provider reports ongoing complaints of pain to the base of bilateral thumbs and wrists. The documentation provided did not contain the current requested prescriptions of Zofran and Prednisone.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

**Decision rationale:** Zofran (ondansetron) is an anti-emetic used to prevent nausea and vomiting that may be caused by surgery or by chemotherapy. The documentation provided does not include the rationale for its use after trigger thumb release. In light of the incidence of significant side effects, the medical necessity of Zofran for this minor procedure has not been substantiated.

**Prednisone 10mg #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD: Section: Low Back. Topic Prednisone.

**Decision rationale:** Prednisone is an oral corticosteroid. The rationale for postoperative use have not been provided. Routine use of oral corticosteroids after surgery is not supported by guidelines and as such, the medical necessity of the request for Prednisone 10mg #5 has not been substantiated.