

Case Number:	CM15-0038692		
Date Assigned:	03/09/2015	Date of Injury:	07/08/2010
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
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 55-year-old female, who sustained an industrial injury on July 8, 2010. She has reported gradual pain, numbness and weakness at the neck, shoulders, elbows, wrists, hands, lower back and legs. The diagnoses have included cervical discopathy with chronic cervicalgia, lumbar discopathy, bilateral carpal tunnel/cubital tunnel syndrome/double crush syndrome, bilateral shoulder impingement, partial tear of supraspinatus tendon left shoulder and likely full thickness tear in the critical insertion zone of supraspinatus tendon with superior labral tear right shoulder. Treatment to date has included diagnostic studies, physical therapy, injections and medications. On October 30, 2014, the injured worker complained of increasing wrist pain as well as neck and back pain. There was constant pain in the cervical spine that was aggravated by repetitive motions of the neck. There was constant pain in the bilateral wrists aggravated by repetitive motions. The lower back was in constant pain that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. She also complained of shoulder, bilateral elbow and right hip pain. On a scale of 1-10, her pain was rated as an 8. On February 6, 2015 Utilization Review non-certified Ondansatron 8mg #30, noting the CA MTUS Guidelines. On March 2, 2015, the injured worker submitted an application for Independent Medical Review for review of Ondansatron 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansatron 8mg #30 1 PRN upset stomach no more than 2/day: 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 - 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 section, Antiemetics.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansatron (Zofran) 8 mg #30 PRN upset stomach no more than two tablets per day. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are cervical discopathy with chronic cervicalgia; lumbar discography; bilateral carpal tunnel/cubital tunnel syndrome/double crush syndrome; bilateral shoulder impingement; partial tear supraspinatus tendon; and likely full thickness tear in the critical insertion zone supraspinatus tendon with superior labral tear, right shoulder. Documentation from a November 13, 2014 progress note shows the treating physician prescribed Zofran for the first time. Zofran is indicated for nausea and vomiting secondary chemotherapy and radiation therapy, postoperative use and gastroenteritis. There is no documentation of gastroenteritis, postoperative use of chemotherapy/radiation therapy. The request for authorization indicates Zofran is prescribed/indicated for upset stomach, cramping, and nausea no more than two tablets per day. This is not an appropriate clinical indication for Zofran. There are no subjective or objective symptoms or signs in the medical record indicating Zofran are clinically indicated. Consequently, absent clinical documentation with a proper clinical indication and rationale for Zofran, Ondansatron (Zofran) 8 mg #30 PRN upset stomach no more than two tablets per day. Therefore, the request is not medically necessary.