

Case Number:	CM15-0044282		
Date Assigned:	03/16/2015	Date of Injury:	03/21/2012
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 43-year-old female, who sustained an industrial injury on March 21, 2012. She has reported shoulder pain and elbow pain. Diagnoses have included right shoulder impingement syndrome, bilateral elbow lateral epicondylitis, left shoulder rotator cuff tendinitis secondary to overuse, anxiety, and depression. Treatment to date has included medications and imaging studies. A progress note dated January 13, 2015 indicates a chief complaint of right shoulder pain and anger issues over disability. The treating physician documented a plan of care that included awaiting authorization for right shoulder surgery, psych consultation and treatment for anger, anxiety and depression, chronic pain management, medications, functional capacity evaluation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg, #60: 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 and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right shoulder pain. There appear to be both physical and nonphysical contributors to her condition. Medications included extended release tramadol. Ondansetron is being requested for the treatment of symptoms due to non-steroidal anti-inflammatory medication, which is also being treated with omeprazole. Indications for ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol, there is no history of opioid induced nausea. Therefore, the use of this medication was not medically necessary.