

Case Number:	CM15-0053585		
Date Assigned:	03/27/2015	Date of Injury:	06/12/2013
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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, California 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 36 year old female, who sustained an industrial injury on June 12, 2013. She reported continuous trauma, suffering injury to the right wrist, bilateral upper extremities, head, neck, back, psyche, and digestive and respiratory systems. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with x-ray dated July 5, 2013 revealing straightening, bilateral shoulder strain, bilateral elbow medial and lateral epicondylitis, and bilateral forearm/wrist flexor and extensor with carpal tunnel syndrome, right wrist volar peritendonosis cyst with x-ray dated July 5, 2013, revealing right wrist cystic change at the scaphoid with diagnostic ultrasound studies of the bilateral wrists dated July 17, 2014 revealing bilateral median nerve fusiform thickening (right side greater than left) radioscapoid hypertrophy/small effusion, mild right ISW/dorsal compartment inflammation and electromyography (EMG)/nerve conduction velocity (NCV) studies of the bilateral upper extremities dated October 14, 2013 revealing mild carpal tunnel syndrome. Treatment to date has included physical therapy, x-rays, electromyography (EMG)/nerve conduction velocity (NCV), carpal tunnel injection, splinting, activity modification, home exercise program (HEP), and medication. Currently, the injured worker complains of neck pain, bilateral shoulder pain, bilateral elbow pain, with numbness and tingling to the fingers. The Primary Treating Physician's report dated February 24, 2015, noted the examination of the bilateral forearms/wrists revealed tenderness to palpation over the flexor and extensor tendons, with Tinel's and Phalen's tests positive eliciting symptoms to the first to fourth fingers in a median nerve distribution, with sensation to pinprick and light touch decreased. The treatment plan included pending right carpal tunnel release authorization, pre-operative medical clearance, initial post-operative therapy, continuous cold therapy unit, and Norco and Zofran.

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 ODG- antiemetics pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary.