

<b>Case Number:</b>	CM15-0083190		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 62 year old female who sustained an industrial injury on 03/07/12. Initial complaints include left sided chest and arm pain, radiating to the left hand. Initial diagnoses include left sided chest pain, pain in the soft tissues of the left upper extremity. Treatments to date include medications. Diagnostic studies include x-rays. Current complaints include left shoulder pain, radiating to the neck and hand. Current diagnoses include left shoulder internal derangement. In a progress note dated 04/07/15 the treating provider reports the plan of care is left shoulder surgery. The requested treatment is Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8mg Qty 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain procedure summary online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran FDA approved package insert.

**Decision rationale:** The patient is a 62 year old female with an injury on 03/07/2012. She had left extremity pain. She had left shoulder internal derangement. Zofran is FDA approved treatment for nausea and emesis during chemotherapy or radiation therapy in a cancer patient and it is also used in the immediate post operative period to treat post operative anesthesia induced nausea and emesis. Outpatient Zofran is not medically necessary. The patient may be having shoulder surgery but outpatient Zofran is not an approved FDA indication for this patient without cancer treatment. The use of Zofran as requested is experimental and investigational treatment.