

Case Number:	CM15-0083232		
Date Assigned:	05/05/2015	Date of Injury:	04/22/2004
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65-year-old female, who sustained an industrial injury on 04/22/2004. She reported injuring her left shoulder. The injured worker is currently working with limitations. The injured worker is currently diagnosed as having pain in soft tissues of limb, acid reflux, status post shoulder replacement, and recurrent shoulder dislocation. Treatment and diagnostics to date has included shoulder surgeries, physical therapy, and medications. In a progress note dated 03/10/2015, the injured worker presented with complaints of left shoulder pain. Objective findings were unremarkable. The treating physician reported requesting authorization for Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron.

Decision rationale: Guidelines state that Ondansetron is approved for postoperative vomiting or nausea but not if secondary to opioid use. In this case, there is no documentation indicating that the patient is at risk for nausea or vomiting or that there is a history of these symptoms. The request for ondansetron as a prophylactic measure is not medically necessary.