

<b>Case Number:</b>	CM15-0089468		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on 10-15-2002. She has reported subsequent left wrist, hand and thumb pain and was diagnosed with synovial tendonitis, bilateral carpal tunnel syndrome, left first compartment de Quervain's syndrome, osteoarthritis carpal metacarpal joint and right wrist sprain. Treatment to date has included medication, bracing, Cortisone injections, physical therapy and multiple surgeries. In progress notes dated 10-16-2014 and 11-20-2014, the physician noted that the injured worker had continued pain and positive Tinel's sign at the right wrist and wished to proceed with right carpal tunnel decompression and plastic closure. The physician wrote scripts on 10-16-2014 and 11-20-2014 for Ondansetron to be taken as needed for nausea post-operatively. The injured worker was noted to be off work. A request for authorization of Ondansetron (Zofran ODT) 8 mg #10 (DOS 10-16-2014 and 11-20-2014) was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Ondansetron (Zofran ODT) 8mg #10 (DOS: 10/16/2014):**

Overturned

**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 (Chronic).

**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) chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents on 10/15/14 with "continuing complaints" reason for this visit is a pre-operative check-up for upcoming right carpal tunnel release. The patient's date of injury is 10/15/02. Patient is status post right carpal tunnel release on 02/05/15. The request is for Retrospective request: Ondansetron (Zofran ODT) 8mg #10 DOS 10/16/2014. The RFA was not provided. Physical examination dated 10//15/14 reveals positive Tinel's sign in the right wrist. The patient's current medication regimen is not provided. Per 10/15/14 progress note, patient is advised to remain off work until next office visit. ODG guidelines Pain (Chronic) chapter, under Antiemetics (for opioid nausea) has the following: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In regard to Zofran for this patient's post-operative nausea, the request is appropriate. Progress note dated 10/16/14 notes that this patient is scheduled to undergo right carpal tunnel release at a date unspecified. A review of the records indicates that this procedure was carried out successfully on 02/05/15. The provider is justified in seeking to prevent post-surgical nausea in this patient. Therefore, the request is medically necessary.

**Retrospective request: Ondansetron (Zofran ODT) 8mg #10 (DOS: 11/20/2014): 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 (Chronic).

**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) chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents on 10/15/14 with "continuing complaints" reason for this visit is a pre-operative check-up for upcoming right carpal tunnel release. The patient's date of injury is 10/15/02. Patient is status post right carpal tunnel release on 02/05/15. The request is for Retrospective request: Ondansetron (Zofran ODT) 8mg #10 DOS 11/20/2014. The RFA was not provided. Physical examination dated 10//15/14 reveals positive Tinel's sign in the right wrist. The patient's current medication regimen is not provided. Per 10/15/14 progress note, patient is advised to remain off work until next office visit. ODG guidelines Pain (Chronic) chapter, under Antiemetics (for opioid nausea) has the following: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use

is FDA-approved for gastroenteritis. In regard to the second prescription of Zofran (DOS 11/20/14) for this patient's post-operative nausea, the request is excessive. Progress notes dated 10/16/14 and 11/20/14 note that this patient is scheduled to undergo right carpal tunnel release at a date unspecified. A review of the records indicates that this procedure was carried out successfully on 02/05/15. It is not clear why the requesting physician would provide this patient with Zofran for post-operative nausea on two separate occasions for a single procedure. Without a rationale as to why two identical retrospective prescriptions are being requested, or discussion of another surgical procedure requiring such medications, this request cannot be substantiated. Therefore, the request is not medically necessary.