

Case Number:	CM14-0163531		
Date Assigned:	10/08/2014	Date of Injury:	06/09/2011
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old female who sustained a vocational injury on 06/09/11. The recent Utilization Review determination authorized left shoulder possible labral repair, possible rotator cuff repair, sub-acromial decompression, debridement, manipulation/lysis of adhesions, and resection of adhesions. The current request is for Zofran 4 mg. #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2010-211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter: Antiemetics (for opioid nausea)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, and postoperative use. Given the fact that surgical intervention has been authorized, the request for

Zofran 4 mg. #30 would be considered medically reasonable to treat postop nausea following surgery. Subsequently, the request is medically necessary.