

Case Number:	CM14-0095052		
Date Assigned:	09/15/2014	Date of Injury:	09/01/2001
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 years old female with an injury date on 09/01/2011. Based on the 02/18/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral ulnar impaction syndrome 2. Chronic lunotriquetral instability right wrist 3. Possible ulnar neuropathy right elbow According to this report, the patient presents with numbness and tingling in the right little and ring fingers. Pain in the dorsal-ulnar aspect of the right wrist out to the dorsal-ulnar aspect of the right hand was noted. Physical exam reveals tenderness at the right hand ulnar aspect. The 06/24/2014 report indicates the patient is 4 days status post right wrist lunotriquetral arthrodesis. There is moderate swelling of the right hand. Incision is healing without infection. The patient has difficulty tolerating Percocet and is taking Norco instead. There were no other significant findings noted on this report. The utilization review denied the request on 06/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zofran 8mg, #10- Date of service 5/27/14: Overturned

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 Non-MTUS Official Disability Guidelines (ODG) Zofran (Ondansetron).

Decision rationale: According to the 02/18/2014 report by [REDACTED] this patient presents with numbness and tingling in the right little and ring fingers. The request is for Retrospective Zofran 8 mg, #10- DOS 5/27/14. The utilization review denial letter states "there is no evidence that the patient will have nausea and vomiting after surgery." The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." Review of reports show that Zofran #10 was provided on 5/27/14 and the patient had surgery sometime around 6/20/14. It would appear that the treater provided Zofran in anticipation of the wrist surgery and post-op nausea. The request would appear reasonable and consistent with ODG guidelines. The request is not medically necessary.