

Case Number:	CM14-0215054		
Date Assigned:	01/14/2015	Date of Injury:	01/27/2000
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 49-year-old with a reported date of injury of 01/27/2000. The patient has the diagnoses of brachial neuritis or radiculitis NOS, displacement cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, depressive disorder, displacement lumbar intervertebral disc without myelopathy, lesion of the ulnar nerve, insomnia and reflex sympathetic dystrophy of the upper limb. Per the progress notes provided for review from the primary treating physician dated 06/09/2014, the patient had complaints of neck pain radiating to the left shoulder and upper arm. Previous treatment modalities have included cervical surgery and cervical epidural steroid injections. The physical exam noted positive impingement sign on the right shoulder, positive bilateral Spurlings test, dystrophic change in the right hand, pain in the left hip with internal/external rotation and pain with range of motion in the shoulder. Treatment plan recommendations included increase in pain medications, start Medrol dose-pack, start Elavil, request for left sided medial branch block at L4,L5,S1, cervical epidural at C5-6, C6-7, follow up with [REDACTED] for possible left shoulder surgery and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg, #60: 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 physician desk reference

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested medication. Per the Physician Desk Reference, Zofran is used in the treatment of nausea and vomiting caused by surgery or by the use of medicine in the treatment of cancer such as chemotherapy or radiation. Zofran is not for preventing nausea or vomiting that is caused by factors other than cancer treatment or surgery. Per the provided progress notes, the medication has been prescribed for the treatment of nausea due to pain. This is not an appropriate indication for this medication and there are other anti-emetic choices. Therefore the request is not certified.