MAXIMUS Federal Services

Case Number:	CM15-0011846		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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 50 year old male, who sustained an industrial injury on September 10, 2013. He has reported a blunt trauma crush type injury of the left arm. The diagnoses have included left distal radius complex fracture, left ulnar neuropathy, left median nerve neuropathy, and left finger laceration. Treatment to date has included medications, electrodiagnostic studies; status post left wirst arthoscopy, extensor tenoslysis, open reduction internal fixation of distal radius styloid process, activity modification, occupational therapy, splints, and a home exercise program. Currently, the IW complains of continued pain to the left wrist. He reports being unable to twist the left wrist and forearm. He is noted to have limited strength to the left arm. He complains of numbness to the hands and fingers with difficulty performing tasks with the extremity. Tinel's and Flick sign tests are positive. On January 6, 2015, Utilization Review non-certified Ondansetron ODT (Zofran) 4 mg, one tablet by mouth every day, pack of #30 with one refill, based on ODG guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of Ondansetron ODT (Zofran) 4 mg, one tablet by mouth every day, pack of #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT (Zofran) 4mg PK/30, 1 refill: 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) Treatment in Workers Comp 18th Edition, 2014 updates, Chapter Pain, Zofran

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

Decision rationale: The patient was injured on 09/10/13 and presents with continued pain to the left wrist. The request is for ONDANSETRON ODT (ZOFRAN) 4 MG PK/30, 1 REFILL. There is no RFA provided and the patient is to "return or continue regular duties as of today: no limitations or restrictions." Review of the reports provided does not mention that the patient has nausea/vomiting.ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 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."The reason for the request is not provided. The 12/10/14 report requests for the following surgeries: 1. Neuroplasty median N. carpal tunnel 2. Wrist flexor tenosynovectomy 3. Advancement tissue rearrargmt hand 4. Neuroplasty hand 5.Neuroplasty ulnar N. at wrist guyon's canal 6. Inj anesthetic peripheral nerve/br 7. Application short arm splint These surgical procedures have yet to be approved. The treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG Guidelines and the FDA. The request does not meet guideline indications. Furthermore, the request is with one refill which would not been needed if used for post-operative nausea that is typically short-lived. The requested Ondansetron IS NOT medically necessary.