

Case Number:	CM15-0112021		
Date Assigned:	06/22/2015	Date of Injury:	01/31/2010
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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 51 year old female, who sustained an industrial injury on 1/21/10. The injured worker has complaints of bilateral shoulder pain and neck pain with radiating symptoms. The documentation noted on 2/11/15 that the injured worker had findings of a recurrent right rotator cuff tear and that it was agreed that the injured worker was candidate for a repeat shoulder surgery to repair symptomatic recurrent rotator cuff tear. The diagnoses have included pain in joint involving shoulder region. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder on 6/21/13 showed full-thickness tear of the supraspinatus tendon measuring 15 millimeter in transvers and 10 millimeter AP dimension with myotendinous retraction to the level of the acromioclavicular (AC) joint; left shoulder surgery in April 2010 and right shoulder surgery in January 2013; physical therapy and ibuprofen. The request was for ondansetron HCL 8 MG #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron HCL 8 MG #20: Upheld

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 Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773.

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an anti-emetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. The patient's last shoulder surgery documented January 2013, over 2-1/2 years ago. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Ondansetron HCL 8 MG #20 is not medically necessary and appropriate.