

Case Number:	CM15-0171284		
Date Assigned:	09/14/2015	Date of Injury:	07/10/2004
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who sustained an industrial injury on July 10, 2004. An initial pain management evaluation dated January 21, 2015 reported current subjective complaint of experiencing sharp, dull, aching pain with stabbing, burning, shooting sensation radiating to the right upper extremity accompanied by parasthesia's. He states "that time, rest and medications help alleviate the pain." Previous treatments to include: primary care visits, medications, acupuncture, transcutaneous nerve stimulator unit, spinal cord stimulator trial, block injection, and physical therapy. Current medications consisted of Amitriptyline, Cymbalta, Hydrocodone, Lyrica, Meloxicam, and Lidocaine cream. Objective assessment noted the worker positive for stomach pain, hemorrhoids, nausea and heartburn. The diagnostic impression noted chronic pain syndrome in the left upper extremity; left wrist pain and strain; CRPS, and chronic pain. The following diagnoses were applied: anxiety, depression, Complex regional pain syndrome, left upper extremity, chronic pain syndrome, fibromyalgia, generalized pain. At pain management, follow up dated July 16, 2015 reported the following medication regimen: Amitriptyline, Cymbalta, Lyrica, Tramadol, Zofran, Lidocaine, Actonel, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2004 and continues to be treated for radiating neck and non-radiating low back pain. When seen, pain was rated at 7-8/10. Physical examination findings included decreased left hand sensation and grip strength testing on the left was not possible. There was left upper extremity hypersensitivity. There was normal lower extremity sensation and normal upper and lower extremity strength. Medications were prescribed including tramadol which was being taken at an MED (morphine equivalent dose) of 10 mg per day. He had been seen for an initial evaluation in May 2015. Zofran was not prescribed at that visit. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. There is no clear indication as to when or why this medication is being prescribed. Ondansetron is not recommended for the treatment of opioid induced nausea. The use of this medication was not medically necessary.