

Case Number:	CM15-0040482		
Date Assigned:	03/10/2015	Date of Injury:	12/11/2012
Decision Date:	04/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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:

This 66-year-old female sustained an industrial injury to the neck and bilateral upper extremities on 12/17/12. In a qualified medical examiner evaluation dated 10/22/14, the injured worker complained of neck and bilateral arm pain as well as sleep issues and elements of depression. The injured worker had been approved for electromyography studies of upper extremities, injection for the right base of the thumb, magnetic resonance imaging left wrist, right shoulder surgery and postoperative physical therapy. The physician noted that she could not take any anti-inflammatory as she had blood in her stool. The injured worker used muscle relaxants to help with spasms. Current diagnoses included discogenic cervical condition, impingement syndrome bilaterally, bicipital tendinitis, bilateral epicondylitis, bilateral intersection syndrome, first extensor compartment tenosynovitis and recent inflammation to bilateral wrists. The treatment plan included continuing Flexeril and upcoming right shoulder surgery followed by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, zofran.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons the request is not certified.