

Case Number:	CM15-0067395		
Date Assigned:	04/15/2015	Date of Injury:	06/06/2013
Decision Date:	06/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 with an industrial injury dated 06/06/2013. The mechanism of injury is documented as a fall approximately 10 feet off a pipe. He grabbed onto something on his way down with his right arm, which caused immediate arm pain. His diagnoses included right shoulder impingement/bursitis, right shoulder osteoarthritis, cervical radiculopathy, right pectoralis major tear - status post repair, right medial epicondylitis, right knee arthralgia, right wrist carpal tunnel syndrome and right cubital tunnel syndrome. Prior treatment included physical therapy for right shoulder, right elbow and neck; acupuncture steroid injection in right shoulder, diagnostic testing, surgery and medications. He presents on 02/26/2015 with complaints of pain, stiffness, weakness and decreased range of motion of the right shoulder. He rates the pain as 6/10. He also complains of right elbow pain rated as 7- 8/10. Physical exam of the right shoulder noted tenderness to palpation over the trapezius and pain with range of motion. Neer's, Hawkins's, Speed's, O'Brien's and cross arm test were positive. Strength was normal. Right elbow was also tender. The provider documents due to failure of non-operative therapies including non-steroidal anti-inflammatory drugs, physical therapy and shoulder steroid injection operative treatment (right shoulder arthroscopy with subacromial decompression, distal clavicle resection and possible rotator cuff repair) is recommended. Associated surgical services to include pre-operative studies, durable medical equipment, cold compression therapy, physical therapy and medications for pain, sleep and nausea (Zofran) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #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 (ODG), Pain, Antiemetics (for opioid nausea), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E. , et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study. " Br J Anaesth 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran 4mg is not medically necessary.