

Case Number:	CM15-0074181		
Date Assigned:	04/24/2015	Date of Injury:	12/08/2011
Decision Date:	05/27/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/17/2015

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: Internal 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 53-year-old male, who sustained an industrial injury on 12/8/2011. He reported slipping and falling, injuring his back, head and neck. Diagnoses have included cervical sprain/strain, lumbosacral sprain/strain, right shoulder impingement syndrome and left shoulder tendinitis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, chiropractic treatment, epidural steroid injection and medication. According to the progress report dated 1/23/2015, the injured worker complained of pain in shoulders, neck pain, lower back pain and headaches. Physical exam revealed tenderness to both shoulders left greater than right, cervical spine and trapezius area. There was positive impingement sign left greater than right and limited range of motion of both shoulders. The treatment plan was for left shoulder arthroscopy. Authorization was requested for Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg Qty: 90.00: 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 (Chronic) Ondansetron (Zofran). FDA Prescribing Information Zofran <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. FDA Prescribing Information documents that Zofran is indicated for the prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Zofran Tablets, Zofran ODT Orally Disintegrating Tablets, and Zofran Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. For postoperative nausea and vomiting, the recommended dosage is 16 mg given as two 8-mg Zofran Tablets or two 8-mg Zofran ODT Tablets or 20 mL (4 teaspoonfuls equivalent to 16 mg of ondansetron) of Zofran Oral Solution 1 hour before induction of anesthesia. The agreed medical examiner's report dated 3/5/15 documented a rotator cuff tear and the recommendation for left shoulder arthroscopic rotator cuff repair. The request for authorization (RFA) dated 3/30/15 indicated that Zofran would be used as post-operative medication. FDA Prescribing Information documents that Zofran is indicated for the prevention of postoperative nausea and/or vomiting. Routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. The recommended dosage is 16 mg given as two 8-mg Zofran Tablets 1 hour before induction of anesthesia. This would require a quantity of two Zofran tablets. Thus, the request for 90 Zofran tablets exceeds FDA guideline recommendations, and is not supported by FDA guidelines. Therefore, the request for Zofran 8 mg #90 is not medically necessary.