

Case Number:	CM15-0078877		
Date Assigned:	04/30/2015	Date of Injury:	10/13/2006
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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: Anesthesiology, 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 52 year old male, who sustained an industrial injury on 10/13/2006. He reported injury from using a chain saw. The injured worker was diagnosed as having left open carpal tunnel release on 3/12/2015. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a hand therapy request dated 3/20/2015, there is documentation of recent surgery. In a progress note dated 10/13/2014, the injured worker complains of bilateral hand tingling with left worse than right. The treating physician is requesting Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondanestron tablet 4mg ODT, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran.

Decision rationale: Accordingly to the ODG, Zofran is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. According to the documents available for review, the injured worker does not have any of the FDA approved indications for the use of this medication. Therefore, the request is not medically necessary.