

Case Number:	CM15-0079795		
Date Assigned:	04/30/2015	Date of Injury:	09/24/2014
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 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:

The injured worker is a 46 year old female who sustained an industrial injury on 9/24/14 when she tried to sling an overfilled garbage can into a dumpster and injured her right shoulder. She was treated with medications (Tramadol and ibuprofen) which were not effective. She had an MRI (12/5/14) of the right shoulder which showed a right supraspinatus tendon partial tear. She currently complains of severe, constant, tight, throbbing achy neck, shoulder, upper arm pain with radiation to her head which she describes as frequent headaches and radiation down the arm and into the hand. Her pain level is 5/10 with medications and 8/10 without medications and has been this over the past week. In addition she complains of sleep difficulties due to pain and stomach pain with constipation, diarrhea, nausea and vomiting) due to stress and current medications. Her activities of daily living are compromised in tasks where she needs to grasp using her right hand, reaching behind her back, lifting her right arm and some aspects of self-care. Medications are ibuprofen, Tramadol-acetaminophen. Diagnoses include shoulder strain with pain; right elbow strain; tear of right shoulder rotator cuff; neck pain; pain related insomnia; myofascial syndrome; neuropathic pain. Treatments to date include medications; physical therapy. In the progress note dated 12/12/14, and other progress notes available for review, do not request gaia herbs or Zofran as part of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaia Herbs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Herbal and other preparations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and medical food.

Decision rationale: According to the guidelines, medical foods are recommended for particular medical disorders for specified ingredients. In this case gaia herbs include various formulations. There is no evidence to support the use of a particular herb. The specific medical condition for use was not noted. The request for Gaia is not medically necessary.

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 Chapter, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG- pain and ant-emetics Page(s): 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) 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. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary. In this case, the nausea is due to medications rather than cancer, chemo or post-operative complications. The Zofran was not justified to support the guidelines and is not medically necessary.