

Case Number:	CM15-0097367		
Date Assigned:	05/28/2015	Date of Injury:	12/11/2013
Decision Date:	06/29/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 51 year old female patient who sustained an industrial injury on 12/11/2013. Documentation showed on 04/17/2014 she underwent a magnetic resonance imaging study of right shoulder without contrast which revealed questionable rotator cuff impingement; supraspinatus tendinopathy with limited interstitial concealed tear at the insertion anteriorly; communication with the articular side surface possible. A primary treating office visit dated 12/11/2014 reported the patient with subjective complaint of low back, neck, right shoulder and upper extremity pains. She states the pain increasing. She is scheduled to undergo a cervical epidural steroid injection on 12/23/2014. She has also completed a course of acupuncture of which she feels helped decrease pain and she was able to take fewer medications. She states taking Norco helps her remain active or able to perform daily activities. Of note, a transcutaneous nerve stimulator unit was denied and physical therapy was authorized along with a pending surgical evaluation. The patient states she does not want to proceed with physical therapy as it has not helped in the past. Her thoughts are to start working again soon with her pain controlled. The pain is described as aching, burning, with pins and needles sensation at her neck radiating to her arms. Current medication regimen is Norco 10/325mg one tab QID. She did have meniscal surgery to the left knee in 2013. Diagnostic imaging results found a magnetic resonance imaging (MRI) of the cervical spine 04/17/2014 showed disc space narrowing at C5-6 and C6-7 with facet arthropathy greater on the right: a T3-4 minimal posterior displacement of the annulus: at C4-5 mild posterior displacement of annulus, hypertrophy, and degeneration of right facet joints. At C5-6 disc osteophytes and a prominent right sided uncovertebral spur that

narrows the right foramen. At C6-7 a disc osteophyte complex effaces the anterior thecal sac, bilateral uncovertebral spurs contribute to mild narrowing. A MRI of the right shoulder performed on 04/17/2014 showed question of rotator cuff impingement; supraspinatus tendinopathy with a limited interstitial concealed tear. Objective findings showed the patient with tenderness to palpation over the cervical paraspinals, right greater and cervical spine range of motion if reduced in all planes. On 12/23/2014 she presented for administration of a cervical epidural steroid injection. Her clinical symptoms and diagnostic studies are suggestive of a cervical discogenic and radicular etiology of pain. The treating diagnoses are: cervical degenerative disc disease; cervical radiculitis, chronic neck pain, and perioperative anxiety. On 01/20/2015 she underwent an orthopedic evaluation which revealed continued subjective complaint of anterolateral shoulder pain increasing with pushing, pulling or overhead reaching. She has night pain and is not working at this time. Current medications are: Motrin, muscle relaxer, and Norco. Objective findings showed the patient with right shoulder forward flexion and abduction to 165 degrees. There is a positive impingement and abduction sign. There is tenderness noted over the acromion joint. The right elbow was with full range of motion. She is diagnosed with: impingement syndrome right shoulder, and acromioclavicular arthrosis right shoulder. The plan of care came with recommendation to administer a Corticosteroid injection to the subacromial space to query any decreased pain; if not, then proceed with surgical intervention. A follow up visit dated 03/06/2015 reported the injection offered temporary relief; nonetheless, she is still having pain with pushing, pulling and reaching. There was noted discussion regarding the administration of another steroid injection prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron ODT 8 mg #10 (12/23/14): 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), Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron. There is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the retrospective prescription of Ondansetron ODT 8mg #10 is not medically necessary.