

Case Number:	CM15-0098384		
Date Assigned:	05/29/2015	Date of Injury:	12/30/2001
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on December 30, 2001. Treatment to date has included medications. Currently, the injured worker complains of bilateral elbow pain and bilateral wrist/hand pain, which is aggravated by lifting, gripping, grasping, pushing and pulling. She describes the pain as throbbing pain and notes that it is rated a 7 on a 10 point scale. On examination, the injured worker has tenderness to palpation over the elbow lateral epicondyle. She has a positive Cozen's sign and her range of motion is full but painful. She has tenderness to palpation over the volar aspect of the wrist and a positive palmar compression test. Her range of motion is full but painful. The diagnoses associated with the request include lateral elbow pain and epicondylitis. The treatment plan includes omeprazole, Ondansetron, cyclobenzaprine and tramadol and physical therapy to the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Tab 8mg #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, Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, antiemetics for opioid nausea.

Decision rationale: This drug 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. The ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. In this case, it appears that the patient has chronic concerns of nausea that should not be treated with Zofran; further work up may be necessary. Based on the provided records and the guidelines, the request for Zofran is not considered medically necessary at this time.