

Case Number:	CM14-0009034		
Date Assigned:	01/29/2014	Date of Injury:	11/25/2009
Decision Date:	06/18/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old who reported an injury on November 25, 2009. The mechanism of injury was repetitive usage. The injured worker underwent a right open carpal tunnel release and right wrist flexor tenosynovectomy on March 10, 2010. Documentation of November 13, 2013 revealed the injured worker had continued symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. The diagnoses included cervical discopathy, cubital tunnel/double crush, status post right carpal tunnel release x2 and left carpal tunnel release x1. The physician injected Toradol and vitamin B12 complex. The treatment plan included naproxen sodium tablets, omeprazole delayed release, ondansetron, cyclobenzaprine, tramadol hydrochloride, Terocin patches, and sumatriptan succinate tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

ODANSETRON ODT 8MG #30 X2: 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 Chapter, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that antiemetics including ondansetron are not recommended for opioid induced nausea and vomiting. The clinical documentation submitted for review failed to indicate the duration of use. There was a lack of documentation indicating the injured worker had nausea and vomiting secondary to chronic opioid use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for two refills. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The request for Ondansetron ODT 8mg, thirty count with two refills, is not medically necessary or appropriate.