

Case Number:	CM14-0172830		
Date Assigned:	10/23/2014	Date of Injury:	12/16/2013
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice, 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:

62 yr. old female claimant sustained a work injury on 12/16/13 involving the wrists. She was diagnosed with carpal tunnel syndrome and underwent a left ulnar decompression. A progress note on 8/21/14 indicated the claimant did well postoperatively. Exam findings were notable for limited range of motion of the left wrist. The claimant had been going to physical therapy. She was on hydrocodone for pain. She was nauseas with prior medications. She was given a refill for Zofran at this visit for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):
Antiemetics

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

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea or vomiting secondary to opioid use. Zofran is approved for nausea due to chemotherapy

or post-operative use. The claimant did not have the above diagnoses or clinical indications. The nausea was related to medications rather than surgery. The Zofran is not medically necessary.