

Case Number:	CM13-0033760		
Date Assigned:	12/06/2013	Date of Injury:	10/16/2003
Decision Date:	08/20/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 41 year old female with a work injury dated 10/16/03. The diagnoses include right knee internal derangement, left shoulder pain abdominal pain status post right knee surgery. Under consideration is a request for a continued prescription of Zofran 4mg by mouth daily as needed, a prescription for Pennsaid solution to the right knee up to 4 times daily, and a pool vest for pool exercise. There is a primary treating physician (PR-2) document dated 6/12/13 that states that the patient has been weaning off her pain medication. She begins Acupuncture soon and has an orthopedic follow up. She uses Pennsaid to her right knee and feels this has been helpful. There was discussion about outpatient detoxification or Suboxone. She states she continues to exercise, avoiding any prolonged weight bearing or excessive ambulation by using the swimming pool, recumbent bike, and doing yoga. She underwent a urine toxicology screen at her last visit, which returned normal for medications prescribed, with no evidence of any illicit substances. She continues to have GERD and continues Omeprazole as recommended by her gastroenterologist. Also, she takes Zofran as needed for nausea. On physical exam, the patient is alert and oriented without evidence of cognitive slowing. Gait has improved and is no longer antalgic. Knee exam reveals tenderness in the medial aspect of the right knee, but no edema is seen on exam. Range of motion is from 0-130 degrees and there is no crepitation with flexion and extension of her right knee. Right knee exam also reveals no ligamentous instability or lateral joint tenderness. The treatment plan included continue outpatient weaning of Duragesic Patch. Continue Roxycodone for breakthrough pain. She will continue follow up with primary care physician for ongoing right knee pain and further recommendations. There is a recommendation for a pool vest for cardiovascular exercise in the pool and to help with flotation and limit having to hold on to the side of the pool. She will continue Zofran as needed for nausea from GERD or

opiate withdrawal if necessary. She will continue Omeprazole and Pennsaid for the knee. Per documentation on 4/15/13 she saw a doctor that states that because of her gastric bypass she is unable to take oral NSAIDs and therefore, he recommended Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PRESCRIPTION OF ZOFRAN 4MG, BY MOUTH DAILY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation epocrates.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Ondansetron (Zofran®); Antiemetics (for opioid nausea).

Decision rationale: A continued prescription of Zofran 4 mg, by mouth daily as needed is not medically necessary per the ODG guidelines. The MTUS does not specifically address Zofran. The ODG does not recommend ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. Per documentation, patient has been prescribed Zofran for nausea. There is no documentation that this Ondansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment therefore this medication is not medically necessary. Furthermore, the request does not indicate a duration of treatment. The request for a continued prescription of Zofran 4mg by mouth daily as needed is not medically necessary.

PRESCRIPTION FOR PENNSAID SOLUTION TO THE RIGHT KNEE, UP TO 4 TIMES DAILY: 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) Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: A prescription for Pennsaid solution to the right knee up to 4 times daily is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short-term use (4-12 weeks). The documentation indicates that the patient has been using Pennsaid since at least April of 2013. The request for a prescription of Pennsaid is not medically necessary as this

would exceed the short term use guideline recommendation (up to 12 weeks) for use of this topical NSAID for the knee. The request for a prescription of Pennsaid solution to the right knee, up to 4 times daily is not medically necessary.

POOL VEST FOR POOL EXERCISE: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Durable medical equipment (DME).

Decision rationale: Pool vest for pool exercise is not medically necessary. The MTUS and ODG guidelines were reviewed and do not specifically address pool vest. A pool vest does not fulfill the ODG guidelines for DME. The guidelines state that :The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The request for pool vest for exercise is not medically necessary.