

<b>Case Number:</b>	CM13-0040830		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 worker has a date of injury of 10/30/08 with injuries involving his low back, knees, neck, right shoulder and thoracic spine. He was seen by his orthopedic surgeon on 8/1/13 and it is noted that he was approved for left knee arthroscopy and meniscectomy surgery. He has used knee braces, TENS unit, massage, hot and cold wraps etc. He has pain with activity which improves with rest. He has 'an element of depression, GI irritation, GERD and hearing loss'. He was noted to be allergic to amoxicillin in prior notes. His physical exam noted tenderness along the joint line and weakness to resisted function. His diagnosed regarding his knee were internal derangement of the right knee status post meniscectomy and internal derangement of the knee on the left (with known meniscus tear). The treatment plan was to wait for the authorization to occur and to follow up in September 2013. There is a request for authorization for Amoxicillin 875mg #20 and Zofran 8m #20 which are the medications at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amoxicillin 875mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amoxicillin Drug Information and Antimicrobial Prophylaxis for Prevention of Surgical Site Infection in Adults

**Decision rationale:** Amoxicillin is an antibiotic used in the treatment of otitis media, sinusitis, and infections caused by susceptible organisms involving the upper and lower respiratory tract, skin, and urinary tract; prophylaxis of infective endocarditis in patients undergoing surgical or dental procedures; as part of a multidrug regimen for H. pylori eradication; periodontitis. In this injured worker, the scheduled surgery was knee arthroscopy and meniscectomy, which is a clean orthopedic procedure. Regarding orthopedic procedures, antimicrobial prophylaxis is warranted for spinal procedures, repair of hip and other closed fractures, implantation of internal fixation device (screws, nails, plates, and pins), and total joint replacement. Antimicrobial prophylaxis is not warranted for clean orthopedic procedures; these include arthroscopy and other procedures with no implantation of foreign materials. Additionally, the records clearly document that the worker has an allergy to amoxicillin. The Amoxicillin is not medically necessary in this case.

**Zofran 8mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines, Pain (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron Drug Information

**Decision rationale:** Ondansetron is indicated for prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is not being pre-operatively but the injured worker has no reports of prior nausea and vomiting. It cannot be assumed that this medication will be required in the post-operative period. The records do not document the medical necessity for Ondansetron.