

<b>Case Number:</b>	CM13-0047514		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine 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 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 claimant is a 49 year old male who sustained an industrial injury on 02/07/2012. The mechanism of injury was not provided. His diagnoses include, left knee pain, lumbar spine myofasciitis with radiculitis, lumbar spine disc injury, and cervical spine strain/sprain with myofasciitis. He complains of left knee, neck and low back pain. On examination he walks with a limp and has decreased range of lumbar motion with tenderness to palpation of the paravertebral muscles. The sciatic tension test is positive; left side greater than right. On exam of the knee there is tenderness along the joint line with a positive patellar compression test and positive Mc Murray test. He has been recommended to undergo left knee arthroscopy. Treatment has included medical therapy and epidural steroid injection therapy. The treating provider has requested Zofran for post-operative nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOFRAN 8 MG #20:** 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, Antiemetic Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: 2013 Zofran

**Decision rationale:** Ondansetron originally marketed under the brand name Zofran, is a serotonin 5-HT<sub>3</sub> receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. The provided medical documentation indicates that this medication is to be used post-operatively. Since medical guidelines for the proposed surgery were not met, there is no need to consider this medication at this time. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.