

Case Number:	CM13-0048438		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2011
Decision Date:	05/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/05/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 patient is a 53 year old female who sustained a work-related injury on December 8, 2011. Subsequently, she developed chronic bilateral knee pain. According to a note dated September 16, 2013, the patient was complaining of bilateral pain with tenderness and limited range of motion. A left knee MRI was performed on May 22, 2012, which demonstrated medial meniscal degeneration. The patient was treated with Norco and Prilosec. The provider requested authorization to prescribe Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 ZOFRAN 8MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y.E., et al. (2012). "Anti-emetic effect of Ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study" Br J Anaesth 108(3):417-422

Decision rationale: Zofran is an antiemetic drug to be used after chemotherapy. Although the MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the

patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.