

Case Number:	CM13-0064011		
Date Assigned:	01/03/2014	Date of Injury:	09/09/2013
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, has a subspecialty in Pain management, and is licensed to practice in Florida. 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 injured worker is a 52-year-old male who reported an injury on 09/09/2013. The mechanism of injury was not provided. The current diagnosis is internal derangement of the right knee with a medial meniscal tear. The injured worker was evaluated on 10/03/2013. The injured worker reported ongoing symptomatology in the right knee. Prior conservative treatment was not mentioned. Physical examination revealed significant tenderness to palpation, swelling around the anterior joint line space, positive McMurray's testing and positive patellar grind testing. Treatment recommendations included a diagnostic arthroscopy of the right knee with repair of internal derangement. A Request for Authorization was then submitted on 11/04/2013 for Cyclobenzaprine 7.5 mg, Zofran 8 mg, Omeprazole 20 mg, Tramadol ER 150 mg and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food And Drug Administration, online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ondansetron, Antiemetics

Decision rationale: The Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as for postoperative use. The injured worker does not meet any of the above-mentioned criteria for the use of this medication. Therefore, the request is non-certified.

TEROCIN PATCH # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy. There is no documentation of a trial of first-line oral medications. There was also no frequency listed in the current request. As such, the request is non-certified.