

<b>Case Number:</b>	CM14-0113905		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Occupational 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 applicant is a represented [REDACTED] Company employee who has filed a claim for chronic knee pain, psychological stress, stress, depression, and anxiety attacks reportedly associated with an industrial injury of October 2, 2008. Thus far, the applicant has been treated with the following: multiple knee surgeries; a TENS unit; a cane; and a knee immobilizer. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for Zofran, Neurontin, and Amoxil. The claims administrator stated that there was no evidence that the applicant had any issues with cellulitis, nausea, vomiting, and a neuropathic pain which would support provision of the medications at issue. The applicant's attorney subsequently appealed. In a February 14, 2014 orthopedic consultation, the applicant reported ongoing complaints of knee and leg pain, exacerbated by standing and walking, it was stated. The applicant was having difficulty playing with her young son, she stated. The applicant was using naproxen and Norco; it was stated, at that point in time. MRI imaging of the knee of June 25, 2012 is read as normal while MRI imaging of the knee of December 27, 2013 was noted for chondromalacia patella following two earlier knee arthroscopies. The attending provider stated that the applicant needed a total knee replacement. Plain films x-rays of the same were endorsed. The applicant underwent a lumbar radiofrequency ablation procedure at six levels on February 21, 2014. On April 2, 2014, the claims administrator denied a request for proposed total knee arthroplasty procedure. In a progress note dated March 18, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Ketoprofen, Norco, Naproxen, and Soma, it was acknowledged. A total knee arthroplasty procedure was sought. It appears that many of the medications at issue, namely Zofran, Neurontin, and Amoxil were sought for postoperative use purposes.

## 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 (updated 05/15/14), Antiemetics (for opioid nausea), Ondansetron (Zofran)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>; Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Administrator (FDA) notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, the surgery at issue, namely the proposed total knee arthroplasty, has been denied through the Utilization Review process. There is no evidence that the applicant underwent the contested surgery, nor is there evidence that the contested surgery was ever approved through either the Utilization Review or the Independent Medical Review processes. Therefore, the request is not medically necessary.

**Neurontin 600 mg #180:** 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 (updated 05/15/14), Anti-epilepsy drugs (AEDs) for pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-op Pain section Page(s): 18.

**Decision rationale:** As with the other request, this is a postoperative request. While page 18 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiepilepsy drug/anticonvulsant medications such as Gabapentin/Neurontin may also "is an option" for postoperative pain, in this case, however, the surgery at issue, namely the proposed total knee arthroplasty, has been denied by the claims administrator. There is no evidence that the surgical procedure in question was ever approved, either through Utilization Review or through Independent Medical Review. Therefore, the request is not medically necessary.

**Amoxicillin 875 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), Infectious Disease (updated 02/21/14), Amoxicillin (Amoxil)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Surgical Considerations for Knee Osteoarthritis Antibiotics Antibiotics have been utilized systemically and added to cement for many years.(1636-1659) Recommendation: One-day Use of Systemic Antibiotics for Knee Surgery One-day use of systemic antibiotics is moderately recommende

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does recommend one-day use of systemic antibiotics in applicants undergoing surgical knee procedures, in this case, however, the surgical procedure at issue, namely the proposed knee arthroplasty, has been denied through the Utilization Review process. There is no evidence that the applicant ever underwent the procedure in question, nor is there evidence that the procedure in question was ever approved through the Independent Medical Review (IMR) system. It is further noted that the 20-capsule supply of amoxicillin implies much lengthier use than the one-day use of systemic antibiotics recommended by ACOEM for applicants undergoing total knee arthroplasty surgery. For all the stated reasons, then, the request is not medically necessary.