

<b>Case Number:</b>	CM14-0171361		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family 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:

This is a 60-year-old female injured worker who reported an industrial injury 5/20/2004, over 10 years ago, attributed to the performance of her usual and customary job tasks reported as tripping over a rack and landing onto her left knee. The injured worker was diagnosed with degenerative changes to the right knee; left total knee replacement times two; dislocation of the knee; osteoarthritis; and patellar dislocation. Magnetic resonance imaging (MRI) of the right knee on 9/12/2013 documented evidence of a complex tear of the body the medial meniscus with extrusion of the meniscus and result in grade III to IV chondromalacia the medial compartment. There were areas of full thickness cartilage fissuring with subchondral marrow signal abnormality. The injured worker was documented to have medial joint pain which radiated to the sub patellar region along with some mild swelling. The objective findings on examination revealed medial lateral tenderness of the right knee; range of motion 02 130; mild patella instability; moderate patellofemoral crepitation; medial joint line tenderness; positive McMurray's test; stable anterior posterior medial and lateral stress testing. The x-rays of the right knee revealed moderate arthritic changes to the knee primarily in the medial compartment and more mild changes throughout the knee. The treatment plan included an arthroscopic meniscectomy and debridement with arthroscopic lateral release. The injured worker was prescribed Zofran for postoperative nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter opioids; Ondansetron

**Decision rationale:** The requesting treating physician provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Zofran for episodes of nausea and vomiting allegedly due to the prescribed medications or postoperatively is not medically necessary. Ondansetron is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects. Zofran is specifically not recommended for the treatment of nausea and vomiting due to chronic opioid use. There is no documentation of any medication caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The injured worker is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for Zofran 4 mg, therefore; the request is not medically necessary.