

Case Number:	CM14-0177520		
Date Assigned:	11/03/2014	Date of Injury:	05/17/2000
Decision Date:	12/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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] employee who has a filed a claim for chronic knee pain reportedly associated with an industrial injury of May 17, 2000. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for tramadol-acetaminophen-ondansetron, #90 with three refills. The claims administrator referenced the September 16, 2014 progress note in its denial. The applicant underwent a knee arthroscopy and partial lateral meniscectomy surgery on July 1, 2014. On August 1, 2014, the applicant reported ongoing complaints of knee pain, 1-3/10. The applicant was not working. The applicant was asked to continue tramadol and obtain 16 sessions of physical therapy while remaining off of work, on total temporary disability, for six weeks. On September 16, 2014, the applicant was again placed off of work, on total temporary disability. An additional 16 sessions of physical therapy were sought. Tramadol-acetaminophen-ondansetron was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Tramadol (Ultram), Opioids, Ondansetron (Zof. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) does not address the topic of ondansetron, pages 7 and 8 of the California MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the request was initiated on September 16, 2014, i.e., a little over two and half months removed from the date of an earlier knee arthroscopy on July 1, 2014. It was not reasonable or plausible to expect the applicant to have symptoms of nausea and vomiting two and half months removed from the date of surgery. The September 16, 2014 progress note, furthermore, contained no references to the applicant's in fact carrying any symptoms of nausea and vomiting for which usage of the ondansetron-containing amalgam could be considered. No rationale for selection of this particular medication in the face of the unfavorable FDA position on the same was proffered by the attending provider. Since one ingredient in the amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.