

Case Number:	CM14-0020535		
Date Assigned:	05/02/2014	Date of Injury:	02/07/2013
Decision Date:	07/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopedic Surgery 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 claimant is a 37-year-old gentleman who injured his bilateral knees on 02/07/13 after a fall. The records provided for review indicate that on 10/22/13 he underwent a left knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty and debridement. Preoperatively, he was prescribed a prescription for Ondansetron on 10/22/13 in addition to prescriptions for Flurbiprofen lotion and Cyclobenzaprine lotion for postoperative use. The remainder of the clinical records are not pertinent to the specific request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ONDANSETRON DISPENSED ON 10/22/2013: Overturned

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 Official Disability Guidelines (ODG), Pain Procedure - Antiemetics (For Opioid Nausea).

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of Ondansetron. When looking at the Official Disability Guidelines, the role of this antiemetic would be supported. ODG Guidelines indicate that Ondansetron is FDA approved for

postoperative use for nausea. Given the claimant's operative intervention of 10/22/13, the use of this medication in the postoperative timeframe would be supported as medically necessary.

RETROSPECTIVE FLURBIPROFEN LOTION DISPENSED ON 10/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the topical use of Flurbiprofen. California MTUS Chronic Pain Guidelines indicate that topical compounding agents are largely experimental with limited documentation of benefit with use. The use of Flurbiprofen as a topical nonsteroidal is not supported. Currently, the only nonsteroidal medication supported by MTUS Chronic Pain Guidelines would be Diclofenac. The request for this topical agent that is not supported by clinical guidelines would not be indicated.

RETROSPECTIVE CYCLOBENZAPRINE LOTION DISPENSED ON 10/22/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the topical use of Cyclobenzaprine. Currently, there are no long term randomized clinical trials supporting the topical use of muscle relaxants. At present, muscle relaxants are not recommended in topical form by California MTUS Chronic Pain Guidelines. The topical use of this agent would not be supported as medically necessary.