

Case Number:	CM14-0048348		
Date Assigned:	07/02/2014	Date of Injury:	09/01/1999
Decision Date:	08/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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:

This patient is a 45-year-old male, with a date of injury of 09/01/1999. He is being treated for bilateral knee pain and is status-post (s/p) a left total knee arthroplasty on 10/27/10. X-rays reveal excellent placement of left knee hardware and mild-moderate right knee degenerative joint changes with early tricompartmental narrowing. He has had right knee arthroscopy. Current treatment consists of analgesic medications. The only treating narrative for review is dated 2/14/14. There is no documentation for review that documents side effects or specific rationale for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation (ODG-TWC), Online Edition, Chapter: Pain (Chronic), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>.

Decision rationale: Zofran (Ondansetron) is a very potent anti-emetic that is not discussed in MTUS Guidelines. It is recommended for use with chemotherapy related nausea and control of post-operative nausea. It is generally not recommended for first line treatment of mild nausea or medication related nausea as other more mild anti-emetics should be trialed first. There is no documentation that supports its current use in relationship to surgery or chemotherapy. The Ondansetron is not medically necessary.

30 patches of 5% Lidocaine: 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): 112.

Decision rationale: MTUS Chronic Pain Guidelines recommend the use of Lidoderm for neuropathic pain only. The medical document reviewed supports a primary diagnosis of nociceptive pain associated with the arthritic condition and no neuropathic pain characteristics are reported. MTUS Guidelines supports use of other topical analgesics for arthritic related pain, but Lidoderm is not one of them. Lidoderm is not medically necessary for this condition.

60 tablets of Tramadol ER 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 93.

Decision rationale: There are inadequate medical records sent for review to support a denial of the Tramadol. MTUS Chronic Pain Guidelines support the appropriate use of Opioids for chronic pain conditions and there is not enough medical information to conclude that this is inappropriate use and therefore, the request can be deemed as medically necessary.