MAXIMUS Federal Services

Case Number:	CM14-0050499		
Date Assigned:	09/18/2014	Date of Injury:	10/02/2008
Decision Date:	10/16/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 41-year-old patient who reported an industrial injury on 10/2/2008, six (6) years ago, attributed to the performance of usual and customary job tasks reported as opening the back door to a Van to get a Dolly and experiencing a pop to the right knee. The patient was noted to have had prior right knee surgical interventions during 2003, 2009, and 2011. The patient complained of ongoing right knee pain. The patient also complained of ongoing popping and buckling. The objective findings on examination included tenderness along both medial lateral knee joint on the right positive McMurray's test; anterior drawer test is one plus; compression test positive knee extension 180. X-rays of the right knee dated 5/9/2013 documented no acute right knee osseous abnormality identified; minimal degenerative changes of the right knee. The MRI of the right knee dated 12/27/2013, documented chondromalacia patella medial patellar facet; small joint effusion; lateral fibular ligament, popliteal tendon, and medial collateral ligaments are unremarkable; degenerative intro meniscal signal within the posterior horn medial meniscus. The patient was diagnosed with internal derangement of the knee on the right status post prior arthroscopy with left knee sprain to the left. The patient was requested to have a total knee arthroplasty, which was not certified. In addition, to the TKA there was a request for amoxicillin 875 mg #24 postoperative infection, Zofran 8 mg #24 postoperative nausea, and gabapentin 600 mg #180 for neuropathic pain.

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 Pain (updated 01/07/14), Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section 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. 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 that any medication caused such side effects. 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 prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications in pain management. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient 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. The requested surgical intervention was not certified, therefore there is no medical necessity for postoperative medications for nausea.

Gabapentin 600mg #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 (updated 01/07/14), Gabapentin (Neurontin)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs ; specific anti-epilepsy drugs gabapentin Page(s): 110, 16, 18. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter 8/8/2008 page 110; Official Disability Guidelines (ODG) pain chapter-medications for chronic pain

Decision rationale: The treating physician has prescribed Gabapentin 600 mg #180 to the patient for the treatment of neuropathic pain over a prolonged period of time with the documentation of efficacy noted in the ongoing clinical record. The treating physician has noted decreased pain with the use of Gabapentin. There is documentation of functional improvement with the prescription of the Gabapentin 600 mg. There is no objective evidence of neuropathic pain. The patient is not noted to have evidence of neuropathic pain. The patient is not demonstrated to have neuropathic pain for which Gabapentin has provided functional

improvement. The Gabapentin was prescribed postoperatively for an anticipated TKA; however, the requested surgical procedure was not authorized. The MTUS Chronic Pain Guidelines and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is no documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. Evidence based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for Gabapentin 600 mg #180 is not demonstrated to be medically necessary.

Amoxicillin Clavunate 875mg #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 Infectious Diseases (updated 02/22/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The requested surgical intervention was noncertified; therefore, there is no medical necessity for the prescribed Augmentin/amoxicillin-clavunate 875 mg #20 for postoperative prophylaxis for infection.