MAXIMUS Federal Services

Case Number:	CM14-0187606		
Date Assigned:	11/17/2014	Date of Injury:	04/06/2006
Decision Date:	01/20/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 57-year-old female with a 4/6/06 date of injury. At the time (10/15/14) of the Decision for 1 Prescription for hydrocodone/apap/ondasetron 5/300/2mg QTY:60.00, there is documentation of subjective (constant bilateral knee pain) and objective (decreased range of motion of the right knee; crepitus medially, laterally and under patella of the right knee; positive McMurray's maneuver medially and laterally of the right knee; positive drawer's sign of the right knee; and tenderness to palpation over the medial and lateral knee joint) findings, current diagnoses (internal derangement left knee, osteoarthritis left knee, status post arthroscopy of right knee, and anterior cruciate ligament tear of the right knee), and treatment to date (physical therapy and medications (including ongoing treatment with hydrocodone/apap/ondasetron since at least 7/7/14)). There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of hydrocodone/apap/ondasetron use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for hydrocodone/apap/ondasetron 5/300/2mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetcis (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding Hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Specifically regarding Ondasetron, MTUS does not address the issue. Official Disability Guidelines (ODG) identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement left knee, osteoarthritis left knee, status post arthroscopy of right knee, and anterior cruciate ligament tear of the right knee. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Furthermore, given documentation of ongoing treatment with Hydrocodone/APAP/Ondasetron, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP/Ondasetron use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription for hydrocodone/apap/ondasetron 5/300/2mg QTY:60.00 is not medically necessary.