MAXIMUS Federal Services

Case Number:	CM14-0195343		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology, 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 medical records the patient is a 51-year-old diabetic male who sustained an industrial injury on November 9, 2006. The patient is status post right knee arthroscopy in October 2013. According to report dated October 24, 2014, the agreed medical examiner has approved the left knee. The patient has MRI showing meniscal tear for which surgery has been postponed because of the diabetes. Reportedly, the diabetes is now under control. The physician requested left knee surgery and postoperative medications including Zofran. The patient was diagnosed with internal derangement of the right knee status post medial meniscectomy, internal derangement of the left knee for which surgery has been approved, and issues with sleep, stress and depression. Utilization review was performed on November 6, 2014 at which time the request for surgery and postoperative medications were noncertified as the request had not provided an MRI. The physician has responded with a report dated November 14, 2014 at which time he notes that surgery has already been approved in the past that the patient has been waiting for years to have the surgery done. He notes that MRI shows meniscus tear and was in the report when surgery was requested. It is noted that the patient does not want an injection for his left knee as he is a diabetic and his blood sugar is under control currently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Antiemetic's.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not address Zofran. According to ODG, Ondansetron (Zofran) is also FDA-approved for postoperative use. In this case, left knee surgery has been requested and has been delayed due to the patient's elevated blood sugar levels. The patient's diabetes is now under control, and the request for Zofran for post-operative use is medically supported.