

Case Number:	CM14-0197971		
Date Assigned:	12/08/2014	Date of Injury:	06/05/2001
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 5, 2001. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for Fenoprofen, Ondansetron, and tramadol. Prescription for omeprazole was apparently approved, conversely. The applicant's attorney subsequently appealed. In an October 16, 2014 progress note, the applicant reported ongoing complaints of knee pain status post earlier total knee arthroplasty. 4/10 pain was noted, exacerbated by standing, walking, kneeling, squatting, and negotiating stairs. Additional physical therapy was endorsed. The applicant was described as permanently partially disabled. The applicant was given a restriction of working no more than two and half hours per day. It was not clear whether the applicant was or not working with said limitation in place. There was no discussion of medication selection or medication efficacy. On August 27, 2014, the applicant again reported ongoing complaints of knee pain three and half months removed from total knee arthroplasty of May 16, 2014. The applicant had apparently completed 18 sessions of physical therapy. The applicant was no longer using a cane. Additional physical therapy was sought. On this occasion, as well, there was no discussion of medication selection or medication efficacy. On August 7, 2014, the applicant again reported ongoing complains of knee pain status post total knee arthroplasty. The attending provider stated that the applicant could return to work at a maximum rate of two and half hours per day. It was unclear whether the applicant's employer was able to accommodate limitations or not. The applicant was asked to pursue additional physical therapy. Other medications were reportedly refilled under separate cover. The applicant's medication list was not clearly detailed. On August 15, 2014, the applicant reported

ongoing complaints of knee pain. The applicant was reportedly Norco occasionally and Robaxin nightly. In a prescription form dated April 4, 2014, the applicant was given prescriptions for Naprosyn, Prilosec, Zofran, Flexeril, tramadol, and Terocin patches, again without any explicit discussion of medication efficacy. On January 10, 2014, the attending provider gave the applicant prescriptions for Naprosyn, Flexeril, and Zofran, again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Management Pag.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider has not explicitly stated whether or not ongoing usage of Fenoprofen has, in fact, been beneficial or not. The attending provider has not clearly stated whether the applicant has or has not returned to work. While the attending provider has given the applicant two and half hour per day standing and walking limitation, it did not appear that the applicant was working with said limitation in place. The attending provider did not explicitly allude to Fenoprofen or any of the applicant's other medications in any of the progress notes, referenced above, including the most recent October 16, 2014, progress note. Therefore, the request is not medically necessary.

Ondansetron 8 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the reasonability to be well informed regarding use of the same and should, furthermore, furnish compelling evidence to

support such usage. Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had undergone any recent cancer chemotherapy, radiation therapy, and/or surgery on or around the date of the Utilization Review Report, November 19, 2014. The applicant was several months removed from an earlier total knee arthroplasty in May 16, 2014. It was not reasonable or plausible for the applicant to have residual symptoms of nausea and/or vomiting on or around the date of the Utilization Review Report, November 19, 2014, i.e., some six months after the applicant had undergone knee surgery on May 16, 2014. There was no mention of the applicant having undergone cancer chemotherapy or radiation therapy, either. In fact, furthermore, there was no mention of the applicant having any actual symptoms of nausea or vomiting, either. Usage of Ondansetron, here, thus, amounts to non-FDA label usage for an unknown purpose. The attending provider did not furnish any applicant-specific rationale, which would support usage of Ondansetron here. Indeed, there was no mention of Ondansetron in any of the progress notes, referenced above, including the most recent progress note of October 16, 2014. Therefore, the request is not medically necessary.

Tramadol ER 150 mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been clearly outlined. It does not appear, however, that the applicant is working with a rather proscriptive two and half hour per day working hour path. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. There was no explicit mention made of whether or not ongoing usage of tramadol was or was not efficacious in the any of the progress notes referenced above, including the most recent progress note of October 16, 2014. Therefore, the request was not medically necessary.