

Case Number:	CM15-0007895		
Date Assigned:	01/23/2015	Date of Injury:	10/30/2013
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male, who sustained an industrial injury to the right knee on 10/30/13. He has reported longstanding right knee pain. The diagnoses have included medial meniscus tear right knee and spondylolisthesis. Surgery included arthroplasty with chondroplasty right knee and back surgery arthrodesis. Treatment to date has included medications, surgical intervention, diagnostics, injections, physical therapy, and knee brace. Currently, the IW complains of chronic right knee pain and low back pain after undergoing right knee arthroplasty with partial meniscetomy and chondroplasty on 5/13/14. The IW had increasing aching and pain in the knee. According to the utilization review a note dated 11/10/14 which was not present in the records documented increased pain with right knee with walking or standing. There was mild swelling and tenderness over the medial joint line. The arthritis was progressing and he did not wish to have further steroid injections. The IW stated that the knee pain was unacceptable. According to the utilization review, a physician note dated 12/3/14, which was not present in the records, revealed that the IW continued to be symptomatic. And felt to be a surgical candidate. Treatment plan included revision of total knee arthroplasty. The IW was diagnosed with progressive medial compartment arthritis of the right knee. The request was for pre-operative medications colace and zofran. On 12/19/14 Utilization Review non-certified a request for Pre-op colace 100mg #20 and Pre-op zofran every 8 hours for nausea and vomiting 8mg #10, noting the medications would be used if nausea occurs with use of the opioid medication or constipation. The correct treatment would be to stop the opioid medication. The (MTUS)

Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op colace 100mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines initiating therapy for opiate use Page(s): 77.

Decision rationale: This patient presents with low back pain. The patient is status post right knee arthroscopy from 05/13/2013 and status post lumbar fusion from 06/11/2014. The treater is requesting PREOP COLACE 100 MG #20. The RFA was not made available for review. The patient's date of injury is from 10/30/2013 and his current work status was not made available. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records do not show any history of Colace use. The report making the request was not made available. The patient's medications include Percocet, Neurontin, and Flexeril. In this case, the patient is being prescribed an opiate and MTUS supports the prophylactic treatment of constipation when opiates are prescribed. The request IS medically necessary.

Pre-op zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, ondansetron

Decision rationale: This patient presents with low back pain. The patient is status post right knee arthroscopy from 05/13/2014 and status post lumbar fusion from 06/11/2014. The treater is requesting PREOP ZOFRAN 8 MG #10. The RFA was not made available for review. The patient's date of injury is from 10/30/2013 and his current work status was not made available. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on ondansetron -Zofran- does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records do not show any history of Zofran use. The report making the request is missing. In this case, while there is no discussion of nausea and vomiting due to chronic opiate use, ODG does support the use of Zofran following surgery. However, the current request for preop Zofran is not supported by the guidelines. The request IS NOT medically necessary.

