

Case Number:	CM15-0100425		
Date Assigned:	06/02/2015	Date of Injury:	02/06/2003
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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 60-year-old male, who sustained an industrial injury on 02/06/2003. He has reported injury to the bilateral knees and low back. The diagnoses have included right knee tibial plateau fracture, status post open reduction internal fixation; right knee osteomyelitis, status post incision and drainage; right knee severe osteoarthritis; left knee medial meniscus tear, lateral meniscus tear; lumbar disc displacement; lumbar radiculopathy; lumbar spinal stenosis; gastritis; and gastroesophageal reflux disorder. Treatment to date has included medications, diagnostics, corticosteroid injection, Orthovisc injections, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, OxyContin, Soma, Gabapentin, Tranxene, Naprosyn, Zolpidem, and Pantoprazole. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral knee pain; right knee pain is rated as 8/10 on the pain scale; left knee pain is rated at 8-9/10 on the pain scale; continues to stumble and fall frequently; knee pain is constant aching pain; walks with a cane; right foot is hypersensitive; the left foot is completely numb; his activity is limited by pain; and the injections have helped the pain. Objective findings included right knee tenderness to palpation at the patellar tendon and over the medial joint line; pain with range of motion; hypersensitivity in area throughout the right foot; left knee tenderness to palpation over the medial joint line, lateral joint line, and patellar tendon; no pain with range of motion; and positive Mc Murray's sign. The treatment plan has included the request for Zofran tab 4mg as needed for nausea #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran tab 4mg prn nausea #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773.

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Zofran tab 4mg prn nausea #30 is not medically necessary and appropriate.