MAXIMUS Federal Services

Case Number:	CM15-0101110		
Date Assigned:	06/04/2015	Date of Injury:	08/23/2013
Decision Date:	07/09/2015	UR Denial Date:	05/02/2015
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: Family Practice

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 49-year-old male, who sustained an industrial injury on 08/23/2013. He reported that he twisted his right knee and subsequently developed pain. The injured worker was diagnosed as having medial meniscus tear of the knee and patellae chondromalacia. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right knee and medication regimen. In a progress note dated 04/22/2015 the treating physician reports complaints of intermittent right knee pain with associated symptoms of knee giving out, clicking, and occasional swelling. Examination was revealing for tenderness to the right knee patella femoral region, tenderness to the medial joint line, and tenderness to the patella tendon, along with crepitation over the patella with range of motion. The medical records lacked documentation of any gastrointestinal symptoms. The treating physician requested Zofran 8mg with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Antiemetics (for opioid nausea) and Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

Decision rationale: According to ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines state that Ondansetron (Zofran) is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The injured worker does not meet the criteria for being provided with this medication. The request for Zofran 8mg #60 is not medically necessary and appropriate.