

Case Number:	CM15-0104940		
Date Assigned:	06/09/2015	Date of Injury:	02/05/2010
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina

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 64 year old female, who sustained an industrial injury on 2/5/10. She reported a right knee injury after tripping over a box of tools and falling. The injured worker was diagnosed as having knee joint replacement, knee pain and degenerative arthritis of knee. Treatment to date has included right total knee arthroplasty on 5/4/15, oral pain medications, oral antiemetics including Zofran, physical therapy, home exercise program and wound care. Currently, the injured worker complains of some postoperative pain with popping and nausea. She feels the nausea is from pain medications; however, Dilaudid does not bother her much. She rates the pain 4-5/10. She is currently not working. Physical exam noted a healing incision without signs of infection. The treatment plan included continuation of physical therapy and wound care, and prescriptions for Dilaudid and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT (Ondansetron) 4mg #40: 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, Ondansetron (Zofran).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or immediate post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons, the request for Zofran ODT (Ondansetron) 4mg #40 is not medically necessary.