MAXIMUS Federal Services

Case Number:	CM15-0131990		
Date Assigned:	07/20/2015	Date of Injury:	12/03/2007
Decision Date:	09/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 62 year old male, who sustained an industrial injury on 12/3/07. Diagnoses have included osteoarthritis; status post left knee scope and complex regional pain syndrome of left lower extremity. Treatment to date has included Left knee surgery (3), ice, transcutaneous electrical nerve stimulation (TENS), oral medications including Norco, and Soma and a home exercise program. Currently, the injured worker is status post left knee surgery of 5/18/15 and complains of increased pain to left leg wit swelling, burning and sensitivity. He is temporarily totally disabled. Physical exam performed on 5/18/15 revealed surgical scar of left knee and tenderness of patella with restricted range of motion. A request for authorization was submitted on 5/18/15 for post op treatment with Zofran 8mg #10 and for Percocet 7.5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has declined Percocet medication and there is no evidence that other first line pain medications have been unsuccessful. The request for Percocet 7.5/325mg #45 is not medically necessary.

Ondansetron (Zofran) ODT 8mg #10-(Retrospective Date of Service 5/18/15): 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 Moon, Y.E., et al (2012): Anti-emetic effect of ondansetron and palonostretron in thyroidectomy.Br J Anaesth 108 (3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug. The clinical documentation provided does not indicate the presence of medication induces nausea and vomiting. Furthermore, the patient declined this medication. The request for Ondansetron 8 mg #10 is not medically appropriate and necessary.