

Case Number:	CM15-0145622		
Date Assigned:	08/06/2015	Date of Injury:	03/22/2012
Decision Date:	09/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 22, 2012. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for postoperative Zofran. A June 15, 2015, RFA form and an associated progress note of May 28, 2013 were referenced in the determination. The claims administrator stated the applicant was planning to undergo knee surgery, but nevertheless went on to deny the request. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported multifocal complaints of neck, mid back, low back, and leg pain with derivative complaints of headache. The applicant was on Percocet, Cymbalta, Colace, Amitiza, Prilosec, and Naprosyn, it was reported. The note was quite difficult to follow and mingled historical issues with current issues. Multiple medications were renewed, including Amitiza, Colace, and Percocet. The applicant's work status was not explicitly detailed. On June 11, 2015, the applicant was placed off of work, on total temporary disability, while a shoulder corticosteroid injection was administered. On June 22, 2015, authorization for a knee meniscectomy procedure was sought. Percocet and Naprosyn were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Zofran 8mg #25: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain - Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>.

Decision rationale: Yes, the request for Zofran, an antiemetic medication, was medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider stated that Zofran was intended for postoperative use purposes following planned knee arthroscopy surgery. The Food and Administration (FDA) does acknowledge that Ondansetron (Zofran) is used to prevent nausea and vomiting associated with surgery. Here, thus, the request for a limited supply of 25 tablets of Zofran following planned knee surgery was, thus, in-line with the FDA label. Therefore, the request was medically necessary.