

<b>Case Number:</b>	CM15-0149157		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old male, who sustained an industrial injury on 06-16-2014. He has reported injury to the right knee. The diagnoses have included sprain-strain, knee; degenerative lateral meniscus tear of right knee; cyst of lateral meniscus of right knee; and right patellofemoral syndrome. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Norco, Anaprox, and Prilosec. A progress report from the treating physician, dated 07-09-2015, documented an evaluation with the injured worker. The injured worker reported right knee pain; and he is pending right knee surgery for lateral meniscus partial meniscectomy and possible excision of lateral meniscal cyst. Objective findings have included right knee tenderness laterally with some swelling and pain with McMurray testing; he is unable to squat, twist, or duck walk; he walks with an antalgic gait; he continues to be symptomatic; he is unable to work because of the pain in the knee; and he is pending surgery and rehab after surgery. The treatment plan has included the request for associated surgical services: Zofran ODT (orally disintegrating tablet) 4mg, quantity not specified, 1 pill orally every 4 hours as needed for postoperative right knee nausea; and associated surgical services: Bactroban ointment 2%, 22 grams, apply 2 times a day to nasal canal for 2 days prior to right knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Zofran ODT (orally disintegrating tablet) 4 mg, Qty not specified, 1 pill orally every 4 hrs as needed for postoperative Right Knee nausea: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anti-emetics, Ondansetron (Zofran).

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

**Associated Surgical Services: Bactroban ointment 2%, 22 grams, apply 2 times daily to nasal canal for 2 days prior to Right Knee surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference - Bactroban.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intranasal mupirocin to prevent postoperative Staphylococcus aureus infections in the New England Journal of Medicine 2002.

**Decision rationale:** Bactroban/Mupirocin. CA MTUS/ACOEM/ODG is silent on the issue of bactroban (Mupirocin) preoperatively. Thus alternate evidence was used for determination. Perl et al wrote an article entitled Intranasal mupirocin to prevent postoperative Staphylococcus aureus infections in the New England Journal of Medicine 2002. In this level 1 study of 4,030 patients there was no change in postoperative wound infections with preoperative intranasal use of mupirocin as compared to placebo (2.3% vs 2.4%). There was a decrease in postoperative wound infections only in patients who were Staphylococcus aureus carriers. The clinical notes from 7/9/15 and 1/29/15 do not document that this patient has nares that have been colonized with Staphylococcus aureus and thus the recommendation is not medically necessary.