

Case Number:	CM15-0188322		
Date Assigned:	09/30/2015	Date of Injury:	05/22/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury 05-22-15. A review of the medical records reveals the injured worker is undergoing treatment for lateral meniscus tear of the left knee, and patella chondromalacia. Medical records (08-12-15) reveal the injured worker complains of the knee occasionally giving way. The physical exam (08-12-15) reveals crepitus. The notes are handwritten and difficult to decipher. There is no mention of the MRI of the left knee (07-28-15). The physical exam (07-07-15) reveals the injured worker walks with a slight limp and has pain with squatting and kneeling. There is lateral joint line tenderness to palpation and a minimal effusion. Prior treatment includes physical therapy. The treating provider (07-07-15) reports the x-rays of the left knee are "within normal limits." The MIR of the left knee (07-29-15) revealed Grade 2-4 chondromalacia, mild joint effusion, mild edema, and intact ligaments and menisci. The treating provider reports the plan of care (08-12-15) as a knee arthroscopy and loose body removal. The original utilization review (09-01-15) non certified the request for Zofran 4mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg quantity 10: 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 Chapter, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for left knee pain occurring while walking and has a diagnosis of patellofemoral syndrome. Arthroscopic knee surgery is being recommended. When seen, his condition was unchanged. Physical examination findings included normal range of motion. There was pain posteriorly and laterally. There was crepitus and lateral joint line tenderness. Authorization for chondroplasty and loose body removal were requested with post-operative medications including Norco and Zofran. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not undergone the planned surgical procedure and is not being treated for cancer. Ondansetron is not recommended for the treatment of opioid induced nausea. Prescribing this medication prior to surgery is not medically necessary.