

Case Number:	CM15-0220193		
Date Assigned:	11/13/2015	Date of Injury:	10/27/2014
Decision Date:	12/22/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/09/2015

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 35 year old female, who sustained an industrial injury on 10-27-2014. The injured worker is undergoing treatment for right knee internal derangement with patellofemoral inflammation. Medical records dated 10-5-2015 indicate the injured worker complains of right quadriceps pain radiating down the leg and knee pain. Physical exam dated 10-5-2015 notes tenderness to palpation of the right knee and quadriceps pain. Treatment to date has included compression sleeve, unloader brace, ice, cortisone injection, physical therapy, magnetic resonance imaging (MRI) and medicine. The original utilization review dated 10-17-2015 indicates the request for Ondansetron 8mg quantity 20 for the right knee post-operative is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg quantity 20 for the right knee post operative: 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, Ondansetron.

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, Ondansetron (Zofran).

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 exam note from 10/5/15 does not demonstrate evidence of nausea and vomiting or increased risk for postoperative issues. Therefore determination is not medically necessary.