

Case Number:	CM15-0047287		
Date Assigned:	03/19/2015	Date of Injury:	03/13/2000
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 injured worker is a 68-year-old female, with a reported date of injury of 03/13/2000. The diagnoses include sciatica, internal derangement of the right knee, and lumbosacral neuritis. Treatments to date have included two right knee arthroscopies, corticoid injections to the right knee, an MRI of the lumbar spine, series of three lumbar epidural steroid injections, and oral pain medications. The follow-up pain management consultation report dated 02/19/2015 indicates that the injured worker continued to complain of debilitating pain in her right knee. Due to the injured worker's altered gait, she also complained of low back pain. The objective findings include tenderness to palpation of the bilateral posterior lumbar musculature, tenderness to palpation of the lumbar paraspinal muscles, tenderness along the medial and lateral joint line of the right knee with soft tissue swelling, and crepitus with range of motion of the right knee. The treating physician requested Zofran. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. According to the guidelines, current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the request for Zofran #10 is not medically necessary.