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| Case Number: | CM14-0120341 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 02/16/2011 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported a work related injury on 02/16/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of internal derangement of the right knee. The past treatment has included cortisone and a hyaline injection, transcutaneous electrical nerve stimulation unit, and the use of cold and heat. An x-ray on an unspecified date revealed a 3 mm of articular surface left, and the MRI showed fraying along the meniscus medially and laterally. The injured worker was noted to act to surgical interventions on the right knee, one in 05/2011, and a second one on 12/2012. Upon examination on 06/20/2014, it was noted that the injured worker had tenderness along the inner joint line, a positive McMurray test medially, range of motion of the left knee was 170 degrees of extension, and 90 degrees of flexion. The injured worker's medication includes Norco, Flexeril, Protonix, and Naproxen. The injured worker's treatment plan consisted of a knee brace, left knee meniscectomy, chondroplasty, and synovectomy because of ongoing pain, home medication, blood testing for liver and kidney function, and medication. The rationale for the request and The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name (Zofran): 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, antiemetics, FDA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea)

Decision rationale: The request for Zofran is not medically necessary. The Official Disability Guidelines state antiemetics are not recommended for nausea and vomiting secondary to opioid use. Nausea and vomiting is common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects include nausea and vomiting limited to short term duration, less than 4 weeks, and have limited application to long term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The provider was requesting a left knee meniscectomy, chondroplasty, and synovectomy. As the surgery was noted to not be medically necessary, postoperative Zofran is also not medically warranted. As such, the request for Zofran is not medically necessary.