

<b>Case Number:</b>	CM14-0141041		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & Rehabilitation, and is licensed to practice in California. 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 61-year-old female who reported an injury on 08/30/2006 due to an unknown mechanism. Diagnoses were status post painful right total knee replacement, no obvious signs of infection, probable mechanical loosening of the prosthesis. The injured worker is status post bilateral total knee arthroplasty. The injured worker's current level of pain is a 6/10, with the use of half a Hydrocodone. The injured worker uses a cane for assistance. The pain is increased with prolonged walking, standing, and climbing stairs. Right knee range of motion was 5 to 85 degrees. Mild synovitis of the right knee. Medications were Norco. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Postoperative Zofran: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

**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

**Decision rationale:** The decision for 1 postoperative Zofran is not medically necessary. The Official Disability Guidelines state that Zofran is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is

FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. There was no clinical documentation of a recent surgery. The request does not indicate a frequency for the medication. There were no significant factors provided to justify the use of postoperative Zofran. Therefore, the request is not medically necessary.

**1 Postoperative Norco 7.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75, 78.

**Decision rationale:** The decision for 1 postoperative Norco 7.5/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule guidelines recommended short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The injured worker is currently taking Norco for pain. The efficacy of this medication was not reported. There were no significant factors provided to justify the use of 1 postoperative Norco 7.5/325 mg. Therefore, this request is not medically necessary.