

<b>Case Number:</b>	CM15-0116010		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 52 year old female, who sustained an industrial injury on 4/30/2008. The mechanism of injury is unknown. The injured worker was diagnosed as status post right total knee replacement and right knee osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/22/2015, the injured worker complains of weakness, pain and buckling of the right knee, rated 5/10. Physical examination showed right knee with good extension and strength and no effusion, but with limited range of motion. The treating physician is requesting Ondansetron ODT 4 mg #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 4mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-emetics.

**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 and April 2006 and underwent a right total knee replacement in 2011 with revision surgery in 2013. She continues to be treated for right knee pain. When seen, she was having a flare ups of pain at night. Norco was being prescribed. Her Norco dose was decreased and methadone was prescribed. Physical examination findings included a normal mental status examination. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of anti-emetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Norco and Methadone was added, there is no history of opioid induced nausea. The use of this medication was not medically necessary.