

<b>Case Number:</b>	CM15-0122962		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Connecticut, California, Virginia  
 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 54 year old male patient who sustained an industrial injury on 08/06/2012. The accident was described as while working carrying and lifting water containers into the refrigerator he injured himself. The patient was evaluated treated with medications, underwent radiographic study and utilized a transcutaneous nerve stimulator unit. The most recent primary treating office visit dated 06/01/2015 reported subjective complaint of having constant pain in the low back that is aggravated by bending, lifting, and twisting, pulling, prolonged sitting, standing, or walking multiple blocks. There is constant pain in the right knee. The objective assessment found the lumbar spine there is palpable muscle tenderness with spasm noted. Seated nerve test is positive, and a positive seated nerve root test. Standing range of motion flexion and extension are guarded and restricted. There is also tenderness at the joint line of the knee. He is diagnosed with internal derangement knee and lumbago. The plan of care noted proceeding with surgical intervention. A follow up on 03/09/2015 reported the patient with unchanged subjective complaint and had completed a course of physical therapy without improvement. He also had a second opinion that offered same recommendation that surgery is the best approach at that time. The treating diagnoses were internal derangement of right knee confirmed on recent MRI, and lumbar discopathy. The plan of care remained recommending surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 750mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**Decision rationale:** The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on NSAIDs over the past year, the continuation of NSAIDs cannot be deemed medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.

**Ondansetron 8mg #30:** 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), Ondansetron (Zofran).

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

**Decision rationale:** This drug 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. The ODG does not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. In this case, it appears that the patient may be facing operative intervention for pain, at which time Zofran may be warranted, but currently there is no clear indication for an antiemetic in this case. Based on the provided records and the guidelines, the request for Zofran is not considered medically necessary at this time.