

Case Number:	CM15-0126434		
Date Assigned:	07/13/2015	Date of Injury:	02/26/1999
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 66 year old female with a February 26, 1999 date of injury. Progress notes dated June 18, 2015 document subjective complaints (severe internal derangement of the knees and left hip; increased anxiety and depression; persistent lymphedema of the lower extremities), objective findings (edema of the bilateral legs, right greater than left), and current diagnoses (pain in joint, bilateral lower legs). Treatments to date have included medications, imaging studies, and knee surgery. The treating physician documented a plan of care that included Ondansetron-Zofran and Buprenorphine sublingual tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 tablets of Ondansetron-Zofran 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/ondansetron?druglabelid=3428&id=2904> (last accessed on 06/23/15)PDR.netDrug SummaryOndansetron - Aurobindo Pharma Ltd.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of 10 tablets of Ondansetron-Zofran 4mg is not medically necessary.

120 sublingual tablets of Buprenorphine 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: According to MTUS guidelines, Buprenorphine is recommended to treat opiate addiction. There is no evidence or documentation of opioids addiction. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of 120 sublingual tablets of Buprenorphine 2mg is not medically necessary.