

Case Number:	CM15-0172474		
Date Assigned:	10/08/2015	Date of Injury:	11/25/2014
Decision Date:	11/23/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, Illinois

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 39 year old female, who sustained an industrial-work injury on 11-25-14. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee lateral meniscus tear and right knee internal derangement. Treatment to date has included medication, and surgery (partial lateral meniscectomy). MRI results were reported on 4-24-15 small oblique tear in the anterior horn of the lateral meniscus extending to the superior articular surface. Currently, the injured worker complains of right knee pain rated 7-8 out of 10, associated with giving away, locking, and swelling in the right knee. Activity aggravates the symptoms. Per the primary physician's progress report (PR-2) on 6-2-15, exam noted tenderness over the lateral joint line, effusion noted, range of motion is 0-120 degrees. On 6-30-15, symptoms and exam were unchanged with plan for surgery. Current plan of care includes surgery (right knee arthroscopy, partial meniscectomy and pre-op clearance and supplies. The Request for Authorization requested service to include Retrospective Ondansetron (duration and frequency unknown) DOS: 6/30/15. The Utilization Review on 8-15-15 denied the request for Retrospective Ondansetron (duration and frequency unknown) DOS: 6/30/15, per Official Disability Guidelines (ODG) Pain Chapter Ondansetron (Zofran) Antiemetics (for opioid nausea).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron (duration and frequency unknown) DOS: 6/30/15: 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 Chapter Ondansetron (Zofran) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Family Practice Management, preventing errors in your practices, Prescription Writing to Maximize Patient Safety, <http://www.aafp.org/fpm/2002/0700/p27.html>.

Decision rationale: The injured worker sustained a work related injury on 11-25-14. The medical records provided indicate the diagnosis of right knee lateral meniscus tear and right knee internal derangement. Treatments have included medication, and surgery (partial lateral meniscectomy). The MTUS and the Official Disability Guidelines are silent on prescription writing, but the prescription does not conform to the recommendation of the World Health Organization's on ways to avoid prescription error. This recommendation has been adapted by the American Academy of Family Physicians listed below. Tips for preventing medication errors: Limit each prescription to one medication. Circle your name when using preprinted prescription pads. Approach medication names with caution. Eliminate drug abbreviations. Use metric measures for dosages. Add the patient's age (or weight) to the prescription. Avoid writing "as directed." Eliminate abbreviations in routes of administration. Specify the therapeutic duration. Prescribe specific quantities rather than dispensing for time periods. Remain cognizant of lethal doses of medications. Specify the indication. The medical records provided for review do not indicate a medical necessity for Retrospective Ondansetron (duration and frequency unknown) DOS: 6/30/15. Therefore the request is not medically necessary.