

Case Number:	CM15-0028450		
Date Assigned:	02/20/2015	Date of Injury:	09/09/2012
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, California
 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 applicant is a represented 51-year-old [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of September 9, 2012. In a utilization review report dated January 26, 2015, the claims administrator denied a request for Keflex and also denied a request for Zofran. The claims administrator contented that the applicant did not require paraoperative antibiotic usage and also stated that the applicant was not likely to develop postoperative nausea and, thus, did not need postoperative Zofran. The claims administrator did, quite incongruously, cite FDA Guidelines which stated that Zofran was recommended for treatment of postoperative nausea purposes. The claims administrator referenced progress notes of January 16, 2015 and January 9, 2015 in its determination, along with an RFA form of January 20, 2015. The claims administrator contented that the applicant was set to undergo knee surgery and that the medications in question represented postoperative prescriptions. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. The applicant was given prescriptions for Motrin and Prilosec. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On January 9, 2015, the applicant received a viscosupplementation injection. It was stated that the applicant should consider a knee arthroscopy if unimproved at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Infectious Disease- Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Summary of Recommendations > Summary Tables > Table 3: Pre-, Peri-, and Post-Operative Issues Recommended One-day use of systemic antibiotics for patients undergoing surgical knee procedures (B).

Decision rationale: Yes, the request for Keflex 500 mg #4 was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of paraoperative or postoperative antibiotic usage. However, the Third Edition ACOEM Guidelines' Knee Chapter notes that the one-day usage systemic antibiotics for applicants undergoing surgical knee procedures is "recommended." Here, the request for Keflex 500 mg #4 does, in fact, represent one day's worth of postoperative antibiotic usage. Based on the claims administrator's documentation, the applicant is set to undergo knee surgery. Usage of an antibiotic such as Keflex is, per ACOEM, recommended for those individuals undergoing surgical knee procedures. Therefore, the request was/is medically necessary.

Zofran 4mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: Similarly, the request for Zofran was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that ondansetron or Zofran is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the applicant was scheduled to undergo a knee surgery. Contrary to what was suggested by the claims administrator, it was reasonable or plausible to infer that the applicant might experience issues with postoperative nausea. Usage of Zofran was indicated to combat the same. Therefore, the request was medically necessary.

