

<b>Case Number:</b>	CM15-0069770		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 64-year-old who filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of December 7, 2005. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for Keflex, and Zofran. The claims administrator framed the request of Prozac with request following planned knee arthroscopy. A February 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of low back pain, leg pain, neck pain, and lower extremity pain. The applicant was now disabled, the treating provider reported. The applicant's medications included Norco, Soma, Motrin, and Ativan. Epidural steroid injection therapy, physical therapy, Motrin, Ambien, Ativan, Norco, Soma, a TENS unit, a knee support, and a traction device were endorsed. On February 2, 2015, the attending provider appealed previously denied acupuncture. On February 5, 2015, the applicant reported multifocal complaints of knee and shoulder pain. The applicant's knees were reportedly giving out, it was stated. The applicant had developed diabetes, which is apparently poorly controlled. The applicant was asked to pursue a right knee arthroscopy with medial meniscectomy procedure. Norco, Keflex, Ambien, and Zofran were endorsed. The requests for Zofran and Keflex were framed as postoperative requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KEFLEX 500MG QID X3 DAYS POSTOP #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J AM ACAD ORTHOP SURG 2008 MAY 16 283-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Antibiotics Recommendation: One-day Use of Systemic Antibiotics for Knee Surgery One-day use of systemic antibiotics is moderately recommended for patients undergoing surgical knee procedures.

**Decision rationale:** No, the request for Keflex 500 mg four times daily for three days postoperatively for total of 12 capsules was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines knee chapter does acknowledge the one day use of systemic antibiotics is moderately recommended for applicant's undergoing surgical knee procedures, in this case, however, the request in question represents a request for three days of postoperative Keflex usage. Such treatment, however, represents treatment in excess of ACOEM parameters. It was not stated why the attending provider was intent on employing systemic antibiotics outside of the one-day window endorsed by ACOEM following planned knee surgery. Therefore, the request was not medically necessary.

**ZOFRAN 4MG BID PRN POSTOPERATIVE NAUSEA #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration 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-HT<sub>3</sub> receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** Conversely, the request for Zofran (ondansetron) was medically necessary, medically appropriate, and indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations in order to manage expectations and to ensure proper use. Here, the attending provider did state that Zofran was intended to ameliorate issues with postoperative nausea, which may have originated in conjunction with a planned knee arthroscopy procedure. The Food and Drug Administration (FDA) does acknowledge that Zofran can be employed to prevent nausea and vomiting caused by and/or associated with surgery. Here, the applicant was scheduled to undergo surgery under general anesthesia. Some postoperative nausea would not have been unexpected. Usage of Zofran was, thus, indicated in the postoperative role for which it was suggested here. Therefore, the request was medically necessary.