

<b>Case Number:</b>	CM15-0093249		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 67-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 30, 2013. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for Zofran. The claims administrator did note, however, that the applicant had a pending knee arthroscopy of May 18, 2015. A progress note of April 24, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a March 27, 2015 progress note, the applicant reported ongoing complaints of knee pain. The applicant was apparently pending a knee arthroscopy procedure. The applicant did have comorbid diabetes. A knee brace and knee arthroscopy were proposed. On April 15, 2015, the attending provider stated that the applicant had to receive cardiac clearance for surgery. A knee meniscectomy was pending and scheduled for May 18, 2015, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4 mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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).

**Decision rationale:** The request for Zofran (ondansetron) was medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been described into his choice of recommendations so as to ensure proper usage and to manage expectations. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the applicant was scheduled for imminent knee surgery, it was noted above. Provision of a limited, 10-tablet supply of Zofran was, thus, indicated to combat issues with postoperative nausea which may have arisen in conjunction with the planned knee surgery. Therefore, the request was medically necessary.