

Case Number:	CM13-0013787		
Date Assigned:	09/26/2013	Date of Injury:	07/25/2007
Decision Date:	01/14/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old injured in a work related accident July 25, 2007, sustaining injury to the right upper extremity. Records available for review include an operative report of September 14, 2013 indicating that the claimant underwent a recent right shoulder arthroscopy with subacromial decompression, acromioplasty, and rotator cuff repair under general anesthesia. Preoperative assessment for review of September 6, 2013 with treating physician, [REDACTED], showed subjective complaints of low back and ankle pain as well as weakness to the right shoulder. The claimant's diagnosis at that time was of (1) cervical spine pathology, (2) lumbar discopathy, (3) right ankle sprain, (4) left knee pain status post arthroscopy, and (5) right shoulder impingement and rotator cuff tearing. At that time, surgery for the shoulder was recommended as well as continuation of topical compounded medications, hydrocodone, ibuprofen, omeprazole, Zofran, and the need of a postoperative cryotherapy device. At present, there is a request for continuation of medications in the form of omeprazole, Zofran, Duricef, Norco, and a request for a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): s 69-69.

Decision rationale: CA MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions". Based on California MTUS chronic pain guidelines, the continued role of omeprazole in this case cannot be supported. While the claimant is noted to be greater than 65 years old, the concordant use of nonsteroidal medications in this case is not documented and there is no documentation of a history of peptic ulcer, gastrointestinal bleeding or other risk factors. Thus, in the absence of specific risk factors, the role of continued use of omeprazole, a proton pump inhibitor, would not be indicated. The request for Omeprazole 20 mg #100 is not medically necessary and appropriate.

Zofran (unknown dosage/quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondansetron-and-dextrose.htm> indications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Outcome Measures Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure- Antiemetics (for opioid nausea).

Decision rationale: CA MTUS states, "It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects". Official Disability Guidelines specifically addresses the medication in question and the guidelines do not support the use of antiemetics for opioid-induced nausea in the chronic setting. While the FDA approves the use of Zofran for gastroenteritis and nausea and vomiting in the acute setting, the continued role of this agent at this stage in the claimant's clinical course would not be indicated. The request for Zofran is not medically necessary and appropriate.

Duracef (unknown dosage/quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.surgicalcriticalcare.net/Guidelines/antibiotic_prophylaxis.pdf and <http://www.drugs.com/pro/ancef.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious chapter - Cefadroxil (Duricef)..

Decision rationale: Official Disability Guidelines, (ODG), criteria, support the use of Duricef for skin and soft tissue infections. In this case the documentation suggested that the medication was for prophylactic use and there is no clinical indication of an infection. In the perioperative period one would be provided with intravenous antibiotics and the use of oral antibiotics beyond that in the absence of a documented infection would not be clinically supported. The request for Duracef is not medically necessary and appropriate.

Norco (unknown dosage/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): s 47-48,Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): s 76-80.

Decision rationale: Chronic Pain Guidelines state that Norco is indicated for cases of moderate to severe pain. In this case shoulder surgery had been authorized and was to be undertaken. While a short course of Norco in the immediate postoperative period may have been supported, in this case the specifics of the prescription, dosage and quantity were not documented and as such a medical necessity for the medication cannot be established. The request for Norco is not medically necessary and appropriate.

Motorized hot/cold therapy unit: 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), Shoulder Chapter, continuous-flow cryotherapy. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure-Continuous-flow cryotherapy.

Decision rationale: Official Disability Guidelines, (ODG), criteria allow for up to seven days use of a cryotherapy unit in the postoperative period. In this case there was no indication of frequency or duration for use of the device. Its role in the postoperative setting beyond seven days is not supported. Lack of documentation of length of use and duration of use would fail to support this modality. The request for motorized hot/cold therapy unit is not medically necessary and appropriate.