MAXIMUS Federal Services

Case Number:	CM13-0016688		
Date Assigned:	11/06/2013	Date of Injury:	01/21/2012
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine and Pulmonary Diseases, 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 44-year-old patient who reported an injury on January 21, 2012. The patient is currently diagnosed with complex regional pain syndrome, status post left shoulder arthroscopic surgery, and status post comminuted fracture of the left proximal humerus with delayed union. The patient was recently evaluated by [redacted] on October 29, 2013. The patient reported symptomatic neck pain with shoulder and left upper extremity symptoms. The patient also reported swelling, redness, color and temperature changes, as well as hyperhidrosis in the left upper extremity. Physical examination revealed tenderness to palpation over the left cervical paraspinous musculature, positive allodynia, 1 to 2+ muscle spasms, tenderness to palpation over the left AC joint distal clavicle, positive allodynia in the left deltoid region, scapular region and biceps, 1+ swelling, mild erythema, slight mottling of the skin with increased warmth to touch compared to the right upper extremity, hyperhidrosis, and 50% reduction in range of motion. Treatment recommendations included referral to a pain management specialist for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

trial of Zofran 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Anti-emetics

Decision rationale: The Official Disability Guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Antiemetics are not recommended. Nausea and vomiting is common with the use of opioids and these side effects should diminish over days to weeks of continued exposure. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment and has also been FDA-approved for postoperative use. Based on the clinical information received, the patient does not currently meet the criteria as outlined by the ODG for the use of Zofran. The medical necessity has not been established. Therefore, the request is non-certified.

one (1) random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The ODG state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no evidence of non-compliance or misuse of medications. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is non-certified.