

Case Number:	CM13-0035828		
Date Assigned:	12/13/2013	Date of Injury:	01/25/2012
Decision Date:	04/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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:

The claimant is a 48 year old female who sustained an industrial injury on 01/25/2012. The mechanism of injury was not provided. Her diagnoses include right shoulder pain, cervical disc derangement without myelopathy, and sprain of the lumbosacral ligament. She has constant right shoulder pain. On exam there is decreased range of motion with a positive impingement sign and tenderness to palpation over the subacromial space. O'Brien test was positive on the right. She is scheduled for right shoulder arthroscopy. The treating provider has requested Ondasteron 4mg #10, Hydrocodone 10/325 #60, and Gabapentin 250mg/ Acetyl-L Carnitine 125 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDASETRON 4MG #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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDSCAPE INTERNAL MEDICINE: 2013 ZOFTRAN.

Decision rationale: Ondansetron originally marketed under the brand name Zofran, is a serotonin 5-HT₃ receptor antagonist used to prevent nausea and vomiting caused by cancer

chemotherapy, radiation therapy, and surgery. The provided medical documentation indicates that this medication is to be used post-operatively. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

HYDROCOD 10/325MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, Page(s): 80,81,92..

Decision rationale: There is documentation provided necessitating the use of Hydrocodone/APAP 10/325 for the claimant's pain condition. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. In this case, the medication is being prescribed in the post operative period. The medication as prescribed is an appropriate choice for post-operative pain. Medical necessity for the requested item has been established. The requested medication is medically necessary.

GABAPENTIN 250MG / ACETY-L-CARNITINE 125MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.NCBI.NLM.NIH.GOV/PUBMED/17714181

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. There is no documentaiton provided indicating the claimant has a diagnosis of neuropathic pain. Medical necessity has not been documented and the requested treatment is not medically necessary.