

<b>Case Number:</b>	CM13-0071452		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of April 7, 2012. A utilization review determination dated December 18, 2013 recommends non-certification of Zofran, Neurontin, and silicone sheet. A right shoulder arthroscopy is recommended for certification. Zofran is recommended for non-certification as prophylactic use of anti-emetic is not supported. A progress report dated January 3, 2014 includes subjective complaints indicating that the patient has been approved for right shoulder surgery. The patient is trying to avoid oral medication and is using a topical patch and lotion which have been helpful. Objective findings identify tenderness around the rotator cuff and biceps tendon as well as shoulder weakness and reduced range of motion. Diagnoses include impingement syndrome of the right shoulder, bicipital tendinitis, thoracic sprain/strain, lumbar facet inflammation, issues with sleep, and 10 pound weight gain. The treatment plan indicates that Neurontin is prescribed for postoperative pain, Zofran is prescribed for postoperative use, and no discussion of the silicone sheet is provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZORFAN 8MG #20:** Upheld

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

**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, ANTIEMETICS.

**Decision rationale:** California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea and vomiting postoperatively. In fact, it appears that this medication is being ordered on a prophylactic basis. Guidelines do not support the use of antiemetic medications for prophylactic use. In the absence of such documentation, the currently requested ondansetron (Zofran) is not medically necessary.

**NEURONTIN 600MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there are no subjective complaints or objective findings of neuropathic pain. It appears Neurontin is being requested for postoperative pain control. Short acting opiates are generally a better option for the treatment of postoperative pain that is non-neuropathic in nature. Therefore, in the absence of any documentation of neuropathic pain for which gabapentin would be indicated, the currently requested gabapentin is not medically necessary.

**REJUVENESS #1 SILICONE SHEET:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:

[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/?TERM=SILICONE+SHEETS](http://www.ncbi.nlm.nih.gov/pubmed/?term=silicone+sheets)

[HTTP://WWW.REJUVENESS.COM/C23/SILICONE-SHEETING-C173.HTML](http://www.rejuveness.com/c23/silicone-sheeting-c173.html).

**Decision rationale:** Guidelines do not contain criteria regarding this treatment. Additionally, a search of the National Library of Medicine failed to show any significant benefits as a result of the use of silicone sheets following shoulder surgery. The requesting physician has not provided any documentation supporting the use of silicone sheeting following shoulder surgery. In the absence of such documentation, the currently requested a silicone sheet is not medically necessary.