

Case Number:	CM14-0004447		
Date Assigned:	05/21/2014	Date of Injury:	04/26/2012
Decision Date:	08/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 61-year-old female with a 4/26/12 date of injury. The mechanism of injury was stated to be the patient sustained multiple injuries while walking across a wet carpet and slipping on tile. In a 12/6/13 progress note, the patient presented with ongoing right shoulder pain as well as right knee pain. On physical examination of the right shoulder, there is tenderness to palpation over the acromioclavicular joint. Passive range of motion is measured at 100 degrees. Active range of motion is measured at 80 degrees. On examination of the right knee, there is tenderness to palpation over the medial and lateral joint lines. There is also audible crepitation on flexion and extension. Diagnostic impression: Lumbar hyperextension/hyperflexion, Knee fracture status post two surgeries, Right elbow posttraumatic epicondylitis, Head trauma, Insomnia, Right shoulder rotator cuff tear and impingement syndrome. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 12/27/13 denied the request for Duricef. Duricef is not indicated for post-operative use. The clinical documentation submitted for review failed to provide the number of pills being requested and failed to provide the necessity for a 1 month supply. The surgical intervention was not approved and therefore, the request for Duricef would not be supported. The request for Norco was modified from 60 tablets to 30 tablets for weaning purposes. The clinical documentation submitted for review failed to provide the patient's analgesia before and after the medication to indicate the medication decreased the patient's pain level and failed to indicate if the patient had adverse side effects from the medication. Guidelines support the use of Ondansetron after surgical intervention. However, the surgical intervention was not approved and therefore, the request for Zofran was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply of Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com (<http://www.drugs.com/dosage/duricef.html>), Adults, Urinary Tract Infection.

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.drugs.com/pro/duricef.html>.

Decision rationale: CA MTUS and ODG do not address this issue. An online search revealed that Duricef is an antibiotic indicated for the treatment of patients with infection caused by susceptible strains of the designated organisms in the following diseases: Urinary tract infections caused by E. coli, P. mirabilis, and Klebsiella species, skin and skin structure infections caused by staphylococci and/or streptococci, pharyngitis and/or tonsillitis caused by streptococcus pyogenes. Culture and susceptibility tests should be initiated prior to and during therapy. In a 12/6/13 progress note, Duricef was prescribed as a home antibiotic prophylactically for a very short period of time after surgery. It is noted in the 12/27/13 decision that the surgical procedure was not certified. Therefore, a medication prescribed for postoperative use is not necessary. In addition, there is no postoperative indication for the use of Duricef. Furthermore, the quantity of Duricef requested and the necessity for a one month supply were not provided. Therefore, the request for One Month Supply of Duricef was not medically necessary.

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a urine drug screen dated 7/19/13 and 9/15/13 was inconsistent for hydrocodone, the opiate ingredient in Norco. There is no documentation provided that the prescribing physician has addressed this issue with the patient. Therefore, the request for Norco 10/325 mg #60 was not medically necessary.

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (DG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Ondansetron (Zofran).

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: FDA (Ondansetron).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. According to a progress note from 12/6/13, Zofran was prescribed to this patient to help in the postoperative period against nausea. However, in a UR decision dated 12/27/13, the surgical procedure was not certified. A specific rationale indicating why Zofran would be necessary for this patient, given that the surgery was denied, was not provided. Therefore, the request for Zofran 8 mg #10 was not medically necessary.