

<b>Case Number:</b>	CM14-0004893		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported an injury on 02/22/2010. The mechanism of injury was not provided for review. The diagnoses included chronic right shoulder pain due to impingement, low back pain, and right chronic S1 radiculopathy. The injured worker has previously undergone a corticosteroid injection to the right shoulder as well as physical therapy and medication. In the clinical note dated 11/05/2013, the injured worker complained of pain to the right shoulder. He rated his pain 6/10 in severity. He complained of spasms to his low back. The injured worker complained of numbness and tingling in the right arm, as well as the right leg. He reported awakening at night with pain, causing insomnia and tiredness the next day. Upon the physical examination, the provider indicated that the right upper extremity abducts to 150, lower extremity abducts to 160 degrees. In the clinical note dated 01/22/2014, the injured worker complained of pain, which he rated 4/10 to 5/10 in severity. The injured worker reported pain behind his head or overhead, or when lifting over 5 pounds with his left arm. Within the physical examination, the provider indicated the right shoulder range of motion with flexion was 158/180, extension 50/50. The provider indicated dermatomal sensitivity normal in the upper extremities bilaterally. The provider requested for amoxicillin, Zofran, Neurontin for neuropathic pain. The Request for Authorization was provided and dated 11/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMOXICILLIN 875MG #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drug.com/amoxicillin.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease, Amoxicillin.

**Decision rationale:** The request for Amoxicillin 875mg #20 is non-certified. The injured worker complained of right shoulder pain at rest which he rated 4/10 to 5/10. He reported pain behind his head or overhead, or lifting over 5 pounds with left arm. The injured worker reported frequent neck pain rated 5/10-6/10 in severity. The Official Disability Guidelines recommend Amoxicillin as a first line treatment for cellulitis and other conditions. There is a lack of documentation indicating the injured worker is diagnosed or has signs and symptoms of cellulitis. The request as it is submitted failed to provide the frequency of the medication. Therefore, the request for Amoxicillin 875mg #20 is not medically necessary and appropriate.

**ZOFRAN 8GM #20:** 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 Official Disability Guidelines (ODG), Pain, Antiemetic (for opioid nausea).

**Decision rationale:** The request for Zofran 8 grams #20 is non-certified. The injured worker complained of right shoulder pain at rest which he rated 4/10 to 5/10. He reported pain behind his head or overhead, or lifting over 5 pounds with left arm. The injured worker reported frequent neck pain rated 5/10-6/10 in severity. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. The guidelines note Zofran is recommended for acute use as noted below for FDA approved indications. Nausea and vomiting are common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. There is a lack of documentation indicating the injured worker has nausea and vomiting secondary to chronic opioid use. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Zofran 8 grams #20 is not medically necessary and appropriate.

**NEURONTIN 600MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16 18.

**Decision rationale:** The request for Neurontin 600 mg #180 is non-certified. The injured worker complained of right shoulder pain at rest which he rated 4/10 to 5/10. He reported pain behind his head or overhead, or lifting over 5 pounds with left arm. The injured worker reported frequent neck pain rated 5-10-6/10 in severity. California MTUS Guidelines recommend Neurontin for neuropathic pain. The guidelines note that Neurontin has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There is a lack of documentation indicating the injured worker to have signs and symptoms or be diagnosed with neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed on other anticonvulsants. The clinical documentation submitted fails to provide the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of medication. Therefore, the request for Neurontin 600 mg #180 is not medically necessary and appropriate.

**RUJUVENESS ( 1 SILICONE SHEETING TO REDUCE SCARRING):** 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 Official Disability Guidelines (ODG), Burns, Oxandrolone.

**Decision rationale:** The request for "Rujuveness" (1 silicone sheeting to reduce scarring) is non-certified. The injured worker complained of right shoulder pain at rest which he rated 4/10 to 5/10. He reported pain behind his head or overhead, or lifting over 5 pounds with left arm. The injured worker reported frequent neck pain rated 5/10-6/10 in severity. The Official Disability Guidelines recommend Oxandrolone for the use of antibiotic steroid to effectively aid in the restoration of lean mass and physical function and increased donor site wound healing after burn surgery. There is a lack of documentation indicating the injured worker to have had a wound or burn surgery or had a scar that would necessitate the request. Therefore, the request for "Rujuveness" (1 silicone sheeting to reduce scarring) is not medically necessary and appropriate.