

Case Number:	CM14-0006805		
Date Assigned:	02/07/2014	Date of Injury:	03/08/2013
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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:

The patient is an employee of [REDACTED] and has submitted a claim for shoulder pain associated with an industrial injury date of March 8, 2013. Treatment to date has included physical therapy; home exercise therapy; cortisone injection; right shoulder arthroscopy (December 2, 2013); and medications including Hydrocodone/APAP (since March 2013), Amoxicillin (since December 2013), and Ondansetron (since December 2013). Medical records from 2013 were reviewed, which showed that the patient complained of decreased shoulder pain. On physical examination, the patient was using a sling. A musculoskeletal examination was not included in the most recent progress report. Utilization review from December 20, 2013 denied the request for Hydrocodone/APAP 10/325 mg quantity 120 because there was inadequate documentation of functional improvement with this medication; Amoxicillin/Clavulanate 875/125 mg, quantity 40 because there was no clear rationale for this prescription; Cyclobenzaprine 7.5 mg quantity 120 because there was no evidence of ongoing spasms; and Ondansetron 8 mg ODT quantity 20 because there was no documentation of subjective and objective findings of nausea or vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE APAP 10/325 MG, QUANTITY 120: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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 this case, Hydrocodone/APAP was being prescribed since March 2013 (14 months to date); however, the records did not clearly reflect continued functional benefit or a lack of adverse side effects or aberrant behavior. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. Therefore, the request for Hydrocodone APAP 10/325 mg, quantity 120 is not medically necessary and appropriate.

AMOXICILLIN/CLAVULANATE 875/125 MG, QUANTITY 40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Infectious Disease Procedure Summary.

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

Decision rationale: The California MTUS does not specifically address amoxicillin-clavulanate. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines (ODG) states that Amoxicillin-Clavulanate is recommended as first-line treatment for bite wounds and other conditions such as mild bone and joint infections. In this case, the medical records did not provide a rationale for prescription of Amoxicillin-Clavulanate. There was no discussion regarding presence of bite wounds or other conditions that may warrant treatment with this medication. Furthermore, the medical records also failed to indicate the frequency and duration of treatment with this antibiotic. Therefore, the request for Amoxicillin/Clavulanate 875/125 mg, quantity 40 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG, QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option

for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient was being prescribed with Cyclobenzaprine since December 2013 (5 months to date); however, functional benefit was not documented. Furthermore, the latest progress note failed to provide evidence of low back complaints. MTUS guidelines recommend muscle relaxants for short-term therapy only. therefore, the request for Cyclobenzaprine 7.5 mg, quantity 120 is not medically necessary and appropriate.

ONDANSETRON 8 MG, ORAL DISINTEGRATING TABLET (ODT), QUANTITY 20:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Zofran/Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Ondansetron.

Decision rationale: The California MTUS Guidelines does not specifically address Ondansetron. The U.S. Food and Drug Administration (FDA) states that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, the patient was status post right shoulder arthroscopy last December 2, 2013. However, progress notes post-surgery failed to report findings of nausea and vomiting. There was also no documentation regarding benefits from this medication. Therefore, the request for Ondansetron 8 mg, oral disintegrating tablet (ODT), quantity 20 is not medically necessary and appropriate.