

Case Number:	CM14-0101702		
Date Assigned:	07/30/2014	Date of Injury:	08/12/2011
Decision Date:	11/05/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 injured worker is a 59 year old female who reported an injury on 08/12/2011 due to a fall. She is diagnosed with multiple diagnoses to the lumbar and cervical spine, left shoulder, and left middle finger. Her past treatments included physical therapy, acupuncture, work restrictions, temporary total disability, a home exercise program, and medications. Unofficial MRI notes of the lumbar spine and left shoulder, from 10/12/2011, show abnormalities which were consistent with the 05/14/2014 diagnoses. Pertinent diagnostic studies and surgical history were not provided. Upon assessment on 05/14/2014, the injured worker rated her pain with medication as 5/10 neck and left shoulder, 4/10 left middle finger, and 7/10 lower back. Her pain without medication was rated to be 7/10 neck, 6/10 left shoulder, 5/10 left middle finger, and 8/10 lower back. She reported the ability to complete activities of daily living and heartburn symptoms when taking pain medications. There was tenderness to palpation of the spinous processes and bilateral paraspinals muscles at the C3-C6, left supraspinatus tendon, left middle finger proximal interphalangeal joint, and bilateral paraspinals muscles from L1 to L5. The 05/14/2014 physical findings showed decreased range of motion of the cervical spine with flexion 50, extension 30, right lateral flexion 35 and left lateral flexion 30 degrees; left shoulder positive impingement test and decreased range of motion; mild deformity of the left middle finger proximal interphalangeal joint with a muscle strength of 4/5; decreased range of motion of the lumbar spine with flexion 45, extension 15, right lateral flexion 15, and left lateral flexion 20 degrees; and +2 deep tendon reflexes bilateral upper and lower extremities. Her current medications included Naproxen for inflammation, Omeprazole for "gastric protection", and Gabapentin for neuropathic pain. The treatment plan was to obtain an MRI of the left shoulder, complete a sleep study, and attend follow-up appointments related to physical and psychological symptoms. A request was received for Zofran 8mg #20, Keflex 500mg # 30, Docusate 100mg #100, and Norco 10/325 #90,

however, rationales were not provided. A Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Antiemetics (for opioid nausea)

Decision rationale: The request for Zofran 8mg #20 is not medically necessary. The Official Disability Guidelines state Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The guidelines also state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. The patient has chronic neck pain. There is no clear documented evidence in the notes that the injured worker had chemotherapy or radiation treatment. Furthermore, a rationale for the medication and frequency were not provided in the request. In the absence of evidence that the injured worker underwent chemotherapy or radiation treatment the request is not supported by the evidence based guidelines.

Keflex 500 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Infectious Diseases, Cephalexin (Keflex)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Chapter, Cephalexin (Keflex)

Decision rationale: The request for Keflex 500mg #30 is not medically necessary. The patient was noted to be treated for cervical, lumbar, left shoulder, and left middle finger chronic pain. The Official Disability Guidelines recommends Keflex as a first-line treatment for cellulitis and other soft tissue infections. There was no diagnosis of a skin infection, cellulitis, or other condition demonstrating the necessity of Keflex for prophylactic treatment in the documentation submitted. Furthermore, a rationale for the medication and frequency were not provided in the request. As such, the request is not medically necessary.

Docusate 100 mg #60: 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 www.drugs.com, docusate

Decision rationale: The request for docusate 100mg #60 is not medically necessary. The injured worker reported heartburn and attributed her symptoms to the intake of pain medications. Drugs.com shows docusate is indicated for the relief of occasional constipation and dry, hard stools. There was no evidence of constipation or other conditions that may cause constipation demonstrating the necessity of docusate for prophylactic treatment in the documentation submitted. Furthermore, a rationale for the medication and frequency were not provided in the request. As such, the request is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-Going Management, Weaning of Medications Page(s): 78,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The injured worker was noted to be taking Naproxen for inflammation, Omeprazole for "gastric protection", and Gabapentin for neuropathic pain. The Official Disability Guidelines recommends opioids for the treatment of chronic pain with documented evidence of an assessment for aberrant drug-related behaviors and a urine drug screen to monitor medication compliance and illicit drug use, quantifiable evidence of pain relief and physical/psychological function improvement, and side effects. Additionally, evidence of failed alternative therapies and trial of non-opioids and opioids as well as quantifiable data showing pain improvement and increased function are needed to support the ongoing use of opioids. There was no other documentation during the clinical visit regarding a prescription for Norco. Moreover, there was no evidence of a trial of non-opioids or opioids, failed alternative therapies, assessment for aberrant drug-related behaviors, urine drug screen, pain relief, physical/psychological improvement, or side effects in the documentation submitted. The guidelines does recommend the weaning of opioids, however, there was no evidence provided showing when the injured worker started taking Norco. Furthermore, a rationale for the medication and frequency were not provided in the request. As such, the request is not medically necessary.