

<b>Case Number:</b>	CM14-0102419		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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:

This medical review involves is a female injured worker who reported an injury on 11/20/2012. The date of birth was not provided in the clinical documentation. The mechanism of injury was not stated. The current diagnoses include right total labral tear, rotator cuff tendinitis, impingement syndrome and status post Mumford procedure. The injured worker was evaluated on 06/10/2014 with complaints of ongoing pain to the right shoulder. The current medication regimen includes Norco. Physical examination on that date revealed tenderness to palpation over the right shoulder girdle muscle and right trapezius, 160 degree forward flexion, 130 degree abduction, 50 degree external rotation, 80 degree internal rotation, 4/5 external rotation and abduction strength, and negative provocative maneuvers. Previous conservative treatment was not mentioned on that date. Treatment recommendations at that time included a prescription for Norco. There was no DWC Form, RFA submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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-Pain 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) Chronic Pain chapter, Ondansetron, Antiemetic.

**Decision rationale:** The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. There was no physician progress report submitted on the requesting date. There was no documentation of persistent nausea/vomiting or gastrointestinal events. The medical necessity for the requested has not been established. There is also no frequency listed in the request. As such, the request for Zofran 8mg #10 is not medically necessary.

**Hydrocodone 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82..

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no physician progress note submitted on the requesting date. Therefore, there is no evidence of a trial of non-opioid analgesics. There is also no current documentation of a written pain consent or agreement for chronic use of an opioid. There is no frequency listed in the request. As such, the request for Hydrocodone 10/325mg #240 is not medically necessary.