

Case Number:	CM14-0128727		
Date Assigned:	08/18/2014	Date of Injury:	12/16/2013
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery 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 61-year-old gentleman who sustained a vocational injury on 12/16/13. The medical records provided for review include an office note dated 07/17/14 documenting that the claimant had pursued and failed an exhaustive course of conservative treatment to include 18 sessions of acupuncture, 12 sessions of physical therapy, one steroid injection, medications, and at home exercises and was returned to full duty with no restrictions. He was noted to have severe restriction with range of motion of the shoulder, positive impingement testing and an MRI revealed hypertrophic osteoarthritic changes with inferior bone spur of the joint as well as lateral inferior aspect of the acromion process making a Type II acromion. He was noted to have fluid in the acromioclavicular joint. Surgical intervention was recommended for the diagnosis of right shoulder biceps tendinitis/impingement and hypertrophy of the acromioclavicular joint. The medical records indicate that the claimant was to undergo or is planning to undergo surgical intervention. He was noted to be taking Vicodin with some relief of his symptoms. The current request is for the postoperative purchase of one cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative purchase of one cold therapy unit: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Continuous-flow cryotherapy.

Decision rationale: The California ACOEM Guidelines recommend the use of cold applications for pain control in the home setting. The Official Disability Guidelines recommend that continued cryotherapy is recommended as an option after surgery for up to seven days including home use. The current request for the purchase of one cold therapy unit is not supported by Official Disability Guidelines due to the fact it is only recommended for use for seven days and subsequently cannot be considered medically necessary.

Zofran 8mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: In regards to the request for Zofran 8 mg dispensed #10, California MTUS and ACOEM Guidelines do not provide criteria pertinent to this request. There is a lack of documentation that the claimant has a predisposition for nausea and vomiting postoperatively or has a history of these symptoms. Currently, Zofran is approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as postoperative use. The current request for ten tablets of 8 mg of Zofran appears to be medically reasonable due to the fact that the claimant has either undergone or plans to undergo surgical intervention and a short term use of an antiemetic for postoperative use is considered medically necessary.

Narcosoft #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter: Opioid-induced constipation treatment.

Decision rationale: In regards to the third request for Narcosoft dispensed #60, California MTUS Chronic Pain Guidelines and Official Disability Guidelines have been referenced. California Chronic Pain Guidelines do note that prophylactic treatment of constipation should be initiated. The supplementation of Official Disability Guidelines notes that for opiate-induced constipation treatment, conservative first-line treatment options include increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow up with proper diet rich in fiber. It is noted that over-the-counter medications can help loosen otherwise hard stool, add bulk and increase water content of the stool. Documentation

suggests that the claimant has been on Vicodin for some time. There is a lack of documentation that the claimant has had significant constipation with the medication. There is a lack of documentation that the claimant has attempted, failed and exhausted traditional first-line conservative treatment options recommended by Official Disability Guidelines as previously mentioned. In addition, there is no documentation of a history of constipation following previous surgical intervention. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, the request for the Narcosoft dispensed #60 tablets cannot be considered medically necessary.