

Case Number:	CM14-0138210		
Date Assigned:	09/05/2014	Date of Injury:	09/19/2011
Decision Date:	10/08/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, Pain 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 injured worker is a 58-year-old male who reported an injury on 09/19/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/30/2014 indicated diagnoses of cervical spine myofascitis with radiculitis and status post right shoulder arthroscopic surgery. The injured worker reported right shoulder numbness in spots with strength not there and left shoulder hurting when moving and lifting and going numb. The injured worker reported his neck popped. On physical examination, there was tenderness greater on the left than the right. The injured worker had left shoulder weakness 4/5, hyperextension and the injured worker had spasms, left greater than right, and cervical spine tenderness. The injured worker's treatment plan included remaining off work until 07/11/2014. The injured worker's prior treatments included surgery and medication management. Diagnostic studies included official MRIs of the bilateral shoulders and cervical spine performed 05/13/2014. The injured worker's medication regimen included Zofran, Keflex, docusate, and Norco. The provider submitted a request for Zofran, Keflex, docusate, and Norco. A Request for Authorization dated 07/15/2014 was submitted for the above medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #20: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

Decision rationale: The request for Zofran 8mg #20 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate that the injured worker had findings of nausea and vomiting. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Keflex 500mg #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: Infectious Diseases

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, Cephalexin (Keflex®).

Decision rationale: The request for Keflex 500mg #30 is not medically necessary. The Official Disability Guidelines recommend Keflex as first-line treatment for cellulitis and other conditions. It was not indicated when the injured worker had surgery. Moreover, documentation failed to provide a rationale for the requested medication. There is no documentation of cellulitis. In addition, the request did not indicate a frequency. Therefore, the request is not medically necessary.

Docusate 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy Page(s): 77.

Decision rationale: The request for Docusate 100mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. The documentation indicates the injured worker was utilizing Norco. There is no documentation of constipation. There is no indication as to the efficacy of the medication. In addition, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of efficacy. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug use behaviors and side effects. In addition, the request does not indicate a frequency. Therefore, the request is not medically necessary.