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| Case Number: | CM14-0153811 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 02/21/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 Anesthesia, has a subspecialty in Acupuncture & 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:

51-years old male injured worker with date of injury 2/21/13 with related right shoulder pain. Per progress report dated 9/24/14, the injured worker reported daily pain in the right shoulder rated 8/10 in intensity. He reported frequent spasms as well as frequent numbness and tingling in the right arm. He noted that his right arm was weaker than the left and that he had issues with gripping and grasping. It was noted that he does not do chores, his wife does all of the chores for him, and he even requires his wife's help to shower. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 8/12/14.

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

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

Decision rationale: The MTUS is silent on the use of Ondansetron. With regard to antiemetic, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use.

Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis."As the requested surgery was not certified, the injured worker will not be postoperative; Ondansetron is not recommended. The request is not medically necessary.

GABAPENTIN 600MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia."Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."Per progress report dated 9/24/14, the injured worker suffers from numbness and tingling in the right arm. Gabapentin is indicated for the injured worker's neuropathy and right arm pain. The UR physician offered no rationale for the denial of this medication. The request is medically necessary.

AMOXCILLIN 875MG #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, Amoxil

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

Decision rationale: Per the ODG guidelines, amoxicillin is recommended as first line treatment for cellulitis and for other conditions. However, as the requested surgery was denied, the request for postoperative antibiotics is not medically necessary.