

Case Number:	CM14-0049515		
Date Assigned:	08/08/2014	Date of Injury:	06/07/2013
Decision Date:	10/14/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/17/2014

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 Nevada. 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 records presented for review indicate that this 35 year-old male was reportedly injured on June 7, 2013. The only clinical note presented, dated April 28, 2014, this does not address any clinical issue only takes exception to the previous non-certification. The physical examination of the injured employee was not presented for review. Diagnostic imaging studies were not discussed. Previous treatment includes surgical intervention and perioperative care. A request had been made for Zofran 4 mg # 120 with 1 refill, Norco 10/325 mg # 60 with 1 refill, Oxycodone 5 mg # 40, Keflex 500 mg # 8, Hibiclense Soap # 8 oz., Roller aid # 1 and was not medically necessary in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg # 120 with 1 refill: Upheld

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

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

Decision rationale: It is noted that the injured employee was to undergo surgical intervention. It is also noted that this medication is indicated for the treatment of nausea, vomiting, secondary to chemotherapy, radiation therapy, or postoperatively. However, there are no complaints of nausea and vomiting presented. Therefore, there is insufficient clinical information presented in the single note presented to support or establish the medical necessity of this item. The failure to write appropriate clinical information in the progress notes leads to the lack of an ability to establish the medical necessity for this medication.

Norco 10/325 mg # 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS this is a short acting opioid indicated for the management-controlling moderate to severe pain. It is not clear what surgery was completed or what date that surgery was completed or what complaints of pain the injured worker is having. The single clinical note indicated that there was to be a surgery and no clinical data was presented. Furthermore, as outlined in the MTUS the lowest effective dose to increase functionality and decrease pain complaints is to be used. As such, there is no narrative relative to either these issues one cannot establish the medical necessity from the data presented for review.

Oxycodone 5 mg # 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this is a short acting opioid indicated for the management-controlling moderate to severe pain. It is not clear what surgery was completed or what date that surgery was completed or what complaints of pain the injured worker is having. The single clinical note indicated that there was to be a surgery and no clinical data was presented. Furthermore, as outlined in the MTUS, the lowest effective dose to increase functionality and decrease pain complaints is to be used. As such, there is no narrative relative to either these issues one cannot establish the medical necessity from the data presented for review.

Keflex 500 mg # 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As outlined in the ACOEM guidelines, antibiotic prophylaxis prior to surgery is recommended. However, there is insufficient clinical information presented in the single record presented (dated April 28, 2014) to suggest the need for such an intervention. With appropriate clinical information, there is a basis but seeing none the medical necessity cannot be established based on the information presented for review.

Hibiclense Soap # 8 oz.: 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 there is no guide applicable for this request. Therefore, clinical experience and standards of care were applied.

Decision rationale: This is a commercial, over-the-counter preparation is soap. While there is some commercial literature suggesting that is important to cleanse the skin preoperatively, there is nothing in the MTUS, ACOEM, or ODG to support postoperative scrubs. Therefore, based on the limited clinical information presented tempered by the lack of support in the multiple guidelines there is insufficient information to support the medical necessity of this item.

Roller Aid # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As outlined in the MTUS, postoperative physical therapy is warranted. However, it is not clear what type of surgery is completed, and what kind of postoperative physical therapy would be necessary. Therefore, based on the limited clinical data presented tempered by the parameters noted in the MTUS, there is insufficient clinical information to establish the medical necessity of this device.