

Case Number:	CM14-0071484		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2012
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/16/2014

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, and is licensed to practice in Illinois. 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 33-year-old male with a reported date of injury on 05/08/2012. The mechanism of injury was noted to be due to a lifting injury. His diagnoses were noted to include impingement syndrome and status post a left shoulder decompression arthroscopy. His previous treatments were noted to include physical therapy and medications. The progress note dated 05/20/2014 revealed the injured worker complained of pain and weakness in the left arm, and the physical finding was a tender positive impingement sign. The injured worker was scheduled for surgery and the provider was requesting medications for postoperative nausea, sleep, and pain. The provider also requested authorization for postoperative physical therapy. The progress note dated 06/30/2014 revealed the injured worker was to begin physical therapy and that he had been taking his medications appropriately with no side effects, and he was being compliant with the intake of Norco. The physician discussed with the injured worker about the importance of a home exercise program and the intake of medication. A Request for Authorization form was not submitted within the medical records. The request is for Post-operative Ondansetron 8mg; 1 Q8H PRN #10 for nausea/vomiting, Norco 5-500mg; 1-2/day #60 for pain, Ambien 10mg; 1 HS PRN #30 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Ondansetron 8mg; 1 Q8H PRN #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 (ODG)- Online version. Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Antiemetics (for opioid nausea).

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

Decision rationale: The request for Post-Op Ondasetron 8mg; 1 Q8H PRN #10 is non-certified. The injured worker had surgery 05/14/2014. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. They recommend acute use for nausea and vomiting secondary to chemotherapy and radiation treatment. Ondansetron is also FDA approved for postoperative use and the acute use is for gastroenteritis. There is a lack of documentation regarding the injured worker has previously suffered from postoperative nausea requiring prolonged pharmacological intervention. As such, the request is non-certified.

Post-op Norco 5-500mg; 1-2/day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation New York State Workers Compensation Board, New York Shoulder Injury Medical Treatment Guidelines E.1.c Narcotics.

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

Decision rationale: The request for Post-op Norco 5-500mg; 1-2/day #60 is non-certified. The injured worker had surgery 05/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also stated that the 4 A's of ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. The documentation provided indicated there were no side effects, and the urine drug screen performed was consistent with therapy. The documentation provided indicated the injured worker had been taking Norco prior to the surgery. However, there is a lack of documentation regarding efficacy and improved functional status with the utilization of that medication. Therefore, the request is non-certified.

Post-op Ambien 10mg; 1 HS PRN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation New York State Workers Compensation Board, New York Shoulder Injury Medical Treatment Guidelines E.1. b Hypnotics.

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

Decision rationale: The request for Post-op Ambien 10mg; 1 HS PRN #30 is non-certified. The injured worker had surgery 05/2014. The Official Disability Guidelines recommend zolpidem as a short acting nonbenzodiazepine hypnotic for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is a lack of documentation regarding insomnia to warrant Ambien. Therefore, the request is non-certified.