

<b>Case Number:</b>	CM14-0097132		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 67 year old male who was injured on 09/01/2010. The review is regarding the request for authorization of Zofran 8mg #10; Duricef 500mg #30; Norco 10/325mg , and Narcosoft #60, all postoperatively. The injured worker is reported to have done right shoulder arthroscopic surgery with open biceps tendosis and rotator cuff repair on 01/17/2011; however, during an office visit to his doctor on 06/05/2014, he is reported to have complained of constant right shoulder pain that worsens with movement, lifting, pushing and cold weather. It was associated with sharp popping sounds. The physical examination revealed limited range of motion of the right shoulder, positive impingement sign with a loud click; there was associated marked tenderness and spasms around the supraspinatus and the rotator cuff. The X-ray right shoulder done on 09/1/2010 was noncontributory; MRI Right shoulder done on 9/15/2010 revealed full thickness tear of the rotator cuff with significant reduction and dislocation of the biceps tendon; type 2 Acromium and rule out labral tear. MRI artherogram revealed complete tear of the rotator cuff; and atrophy and osteoarthritic changes in the surrounding joints. The injured worker was diagnosed of Recurrent complete tear of the rotator cuff/ hypertrophic AC joint arthritis, Torn Biceps Tendon/ Impingement/ Significant shoulder Restriction. The injured worker was remained on regular duty, continued with physical /Occupational therapy, he was continued on EnovaxRX-Ibuprofen Lotion. The injured worker was recommended for arthroscopic surgery , preoperative clearance, he was precribed postoperative medications including Zofran, Norco, Narcosoft, and Duricef

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #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, pain chapter.

**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.

**Decision rationale:** The injured worker sustained a work related injury on 09/01/2010. The medical records provided indicate the diagnosis of recurrent complete tear of the rotator cuff/hypertrophic AC joint arthritis, Torn Biceps Tendon/ Impingement/ Significant shoulder Restriction. Treatments have included Surgery, physical and occupational therapy, and medications. The medical records provided for review do not indicate a medical necessity for Zofran 8mg #10. Although the Official Disability Guidelines recommends Zofran for the treatment of postoperative Nausea and vomiting, there is no guarantee that the intended surgery will be certified, more so as the Utilization reviewer reported that the MR arthrogram was not included in the documents submitted for review. Therefore, since the use of this medication dependent on the injured worker undertaking surgery, this medication is not medically necessary at this stage.

**Duricef 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, pain chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The injured worker sustained a work related injury on 09/01/2010. The medical records provided indicate the diagnosis of recurrent complete tear of the rotator cuff/hypertrophic AC joint arthritis, Torn Biceps Tendon/ Impingement/ Significant shoulder Restriction. Treatments have included Surgery, physical and occupational therapy, and medications. The medical records provided for review do not indicate a medical necessity for Duricef 500mg #30. This medication is not medically necessary at this time because the primary reason for which it was requested has not been certified.

**Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Norco 10/325mg. This medication is not medically necessary at this time because the primary reason for which it was requested has not been certified. Therefore until the injured worker has been approved for surgery, this drug is not medically necessary.

**Narcosoft #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-211.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Narcosoft #60. This herbal medication is used in the treatment of constipation, a recognized side effect of opioids, like Norco. This medication is not medically necessary at this time because the primary reason for which it was requested has not been certified. Therefore until the injured worker has been approved for surgery, this drug is not medically necessary.