

Case Number:	CM15-0192791		
Date Assigned:	10/06/2015	Date of Injury:	08/31/2013
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 8-31-13. He is diagnosed with a left shoulder impingement with acromioclavicular joint inflammation. His work status is temporary total disability. Notes dated 6-24-15 - 9-17-15 reveals the injured worker presented with complaints of left shoulder pain, stiffness and decreased range of motion. He reports the shoulder pops and locks when reaching overhead or behind the shoulder. Physical examinations dated 6-24-15 - 9-17-15 revealed left shoulder anterior capsule, rotator cuff and biceps tendon tenderness and positive impingement and Hawkins signs. Treatment to date has included surgical interventions; left elbow with reconstruction of the left ulnar collateral ligament (2014), long head of the biceps tenotomy (2014), left carpal tunnel release (2015) and bilateral shoulder rotator cuff repair, cortisone steroid injections, medications, and physical therapy. Diagnostic studies to date have included left shoulder MRI, left shoulder MRA, left elbow and shoulder x-rays. A request for authorization dated 9-17-15 for Amoxicillin Clavulanate #20 and Zofran 8 mg #20 is non-certified, per Utilization Review letter dated 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin Clavulanate # 20: Upheld

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

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 chapter, under Amoxicillin.

Decision rationale: The patient was injured on 08/31/13 and presents with left shoulder pain. The request is for amoxicillin clavulanate #20. The RFA is dated 09/17/15 and the patient is not currently working. ODG Infectious Diseases chapter, under Amoxicillin states: "Recommended as first-line treatment for cellulitis and other conditions." For preoperative prophylactic antibiotics use, the National Guideline Clearinghouse by the US Dept of Health and Human Services states, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials." The patient is diagnosed with left shoulder impingement with acromioclavicular joint inflammation. The 09/17/15 report states that the treater is requesting for a left shoulder arthroscopic decompression, modified Mumford procedure, evaluation of biceps tendon, labrum, and rotator cuff with repair. In this case, the surgical procedure proposed is a clean orthopedic procedure that does not require prophylactic use of antibiotics. Furthermore, the arthroscopic decompression has not yet been authorized. The request IS NOT medically necessary.

Zofran 8mg #20: Upheld

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

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) Chapter, under Antiemetics.

Decision rationale: The patient was injured on 08/31/13 and presents with left shoulder pain. The request is for Zofran 8 MG #20 for post-operative nausea. The RFA is dated 09/17/15 and the patient is not currently working. MTUS guidelines are silent on antiemetic medications, though ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states, "Not recommended for nausea and vomiting secondary to chronic opioid use. 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." The patient is diagnosed with left shoulder impingement with acromioclavicular joint inflammation. The 09/17/15 report states that the treater is requesting for a left shoulder arthroscopic decompression, modified Mumford procedure, evaluation of biceps tendon, labrum, and rotator cuff with repair. Although, the treater has indicated that the patient will be postoperative as recommended by ODG and the FDA, the arthroscopic decompression has not yet been authorized. Therefore, the requested Ondansetron IS NOT medically necessary.