MAXIMUS Federal Services

Case Number:	CM15-0027362		
Date Assigned:	02/19/2015	Date of Injury:	04/15/2013
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 51 year old female sustained a work related injury on 04/15/2013. According to a progress report dated 12/04/2014, the injured worker presented with complaints of pain in the right shoulder, right wrist and left wrist. Assessments included right shoulder bursitis, right shoulder impingement, right shoulder AC osteoarthritis, right shoulder supraspinatus tendinopathy, left wrist De Quervain's and right wrist De Quervain's. Due to failure of non-operative therapies including nonsteroidal anti-inflammatory drugs, therapy and steroid injection, the provider recommended operative treatment. The provider requested authorization for medicine consult, pre-op studies, post-operative medications: Percocet, Keflex, Ambien and Zofran, sling for postoperative care, ice therapy, chiropractic therapy and follow up. Surgery request was for right shoulder arthroscopy. On 02/12/2015, Utilization Review non-certified postoperative medications: Keflex 500mg #12 and Zofran 4mg #30. According to the Utilization Review physician, in regard to Keflex, there was no additional information provided to cause alteration in the original opinion. Peri-operative intravenous antibiotics are recommended, however postoperative administration is unnecessary. Official Disability Guidelines, Infectious Diseases and http://www.ncbi.nlm.nih.gov/pubmed/11936371 were referenced. In regard to Zofran, there was no additional information provided to cause alteration in the original opinion. There was no history of significant postoperative nausea provided. Opiates were used in the past with no documentation of gastrointestinal symptoms such as nausea. Official Disability Guidelines Pain and CA MUTS Postsurgical Treatment Guidelines page 26-27, Shoulder were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative medication: Keflex 500 mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation websiteNational Guideline Clearinghousewww.guidelines.gov.

Decision rationale: This patient presents with complaints of pain in the right shoulder and bilateral wrist. The current request is for postoperative medication: Keflex 500 mg #12. According to progress report dated 12/04/2014, the patient has failed nonoperative treatment, and the treating physician would like to request a right shoulder arthroscopy with SAD and DCR. According to www.guidelines.gov, the National Guideline Clearinghouse, 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. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation. The MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics. However, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. Furthermore, there is nothing in the records provided to indicate that surgery has been authorized. Therefore, the current request IS NOT medically necessary.

Post-operative medication: Zofran 4 mg #30: Upheld

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

Decision rationale: This patient presents with complaints of pain in the right shoulder and bilateral wrist. The current request is for postoperative medication: Zofran 4 mg #30. According to progress report dated 12/04/2014, the patient has failed nonoperative treatment, and the treating physician would like to request a right shoulder arthroscopy with SAD and DCR. The utilization review denied the request stating that "While certainly some patients do experience postoperative nausea, this is generally either prevented or treated by anesthesia in the perioperative or immediate postoperative period. Without any history of problems with nausea, there is no medical necessity to supply this individual with prophylactic supply of Zofran." It does not appear the patient has been authorized for the requested right shoulder surgery. The MTUS and ACOEM Guidelines do not discuss Ondansetron. The ODG Guidelines has the

following regarding Antiemetic under the Pain Chapter, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." ODG further states "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 ODG Guidelines do not support the use of Ondansetron other than for nausea following chemotherapy, acute gastroenteritis, or for postoperative use. The patient does not meet the indication for this medication, as there is no indication that the requested surgery has yet been authorized. The requested Zofran IS NOT medically necessary.