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| Case Number: | CM15-0028439 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 09/10/2012 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 62 year old female who sustained a work related injury September 10, 2012, while turning a client from the right to the left developed pain in the right shoulder. Treatment included physical therapy, acupuncture, anti-inflammatory and analgesic medications. Past history included right shoulder arthroscopy and decompression with rotator cuff repair 10/22/2014, diabetes, hypertension, dyslipidemia and hypothyroidism. According to a primary treating physician's progress report, dated January 21, 2015, the injured worker presented with complaints of pain and difficulty with movement in the right shoulder. Physical examination reveals well healed portal scar right shoulder. The rest of the hand written exam is not legible to this reviewer. Treatment plan included request for supplies for a home TENS unit and additional rehab therapy to restore range of motion and strength. A request for authorization dated October 17, 2014, is present in the medical record for Zofran, Keflex and a note to see attached request. Diagnoses are documented as lumbosacral sprain/strain bilateral leg radiculitis L3-4 disc protrusion; cervical sprain/strain bilateral arm radiculitis multilevel cervical disc protrusion; s/p right shoulder rotator cuff repair. According to utilization review dated February 2, 2015, the request for Zofran 8mg (no quantity noted) is non-certified. The request for Keflex 500mg #30 is non-certified. The request for Ondansetron 8mg #10 is non-certified. The request for Cephalexin 500mg #30 is non-certified. Of note, the physician documents that ACOEM and CA MTUS are silent regarding the request. There is no documentation or rationale of why the requested medications are required for the treatment of the injury and therefore, not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg (quantity unspecified): 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 ODG, Pain, Antiemetics for opioid induced nausea

Decision rationale: Per ODG guidelines, antiemetics such as Zofran are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In this case, the records do not associate this request with a diagnosis or physical examination finding and Zofran is not medically indicated.

Keflex 500mg #30: 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 Clinical practice guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283

Decision rationale: he submitted request is for Keflex 500 mg #30. The records do not associate this request with a diagnosis or physical examination finding. This is an antibiotic which might be used to treat infection but no diagnosis has been made of an infection. The claimant did have recent orthopedic surgery. CA MTUS and ODG are silent on antibiotic use in surgery. According to Clinical practice guidelines for antimicrobial prophylaxis in surgery, 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 medical records submitted provide no support for the use of Keflex and it is not medically indicated.

Ondansetron 8mg #10: 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 ODG, Pain, Antiemetics for opioid induced nausea

Decision rationale: Per ODG guidelines, antiemetics such as Zofran (ondansetron) are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In this case, the records do not associate this request with a diagnosis or physical examination finding and Zofran (ondansetron) is not medically indicated.

Cephalexin 500mg #30: 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 Clinical practice guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283

Decision rationale: The submitted request is for cephalexin 500 mg #30. Cephalexin is the generic name for Keflex, submitted also in the same request. The records do not associate this request with a diagnosis or physical examination finding. This is an antibiotic which might be used to treat infection but no diagnosis has been made of an infection. The claimant did have recent orthopedic surgery. CA MTUS and ODG are silent on antibiotic use in surgery. According to Clinical practice guidelines for antimicrobial prophylaxis in surgery, antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopic; and other procedures without instrumentation or implantation of foreign materials. The medical records submitted provide no support for the use of cephalexin and it is not medically indicated.

