

Case Number:	CM15-0217678		
Date Assigned:	11/09/2015	Date of Injury:	02/22/2010
Decision Date:	12/23/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/05/2015

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 56 year old man sustained an industrial injury on 2-22-2010. Diagnoses include cervical condition with disc disease from C2-C7, discogenic lumbar condition with disc disease from L4- S1, right shoulder impingement syndrome, and chronic pain. Treatment has included oral medications, surgical intervention, transforaminal lumbar epidural steroid injection, neck collar, neck pillow, hot and cold wrap, four lead TENS unit with garment, traction with air bladder, back brace, and physical therapy. Physician notes dated 10-19-2015 show complaints of neck, back, and right shoulder pain. The physical examination shows tenderness to the cervical and lumbar paraspinal muscles bilaterally. Range of motion of the shoulder is noted to be abduction 110 degrees active and 125 degrees passively, flexion 110 degrees active and 110 degrees passively, internal rotation 60 degrees with pain, external rotation 80 degrees with pain. Some tenderness is noted to the posterior capsule and rotator cuff. Impingement sign is positive. Recommendations include Norco, Nalfon, Neurontin, Voltaren XR, Wellbutrin SR, Effexor XR, Remeron, Ultracet, Amoxicillin, Zofran, laboratory testing, fluoroscopy of the shoulder, right shoulder arthroscopy, and polar care and immobilizer. Utilization Review denied requests for Amoxicillin and Ondansetron, and modified a request for Neurontin on 11/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amox - Clavulanate (Augmentin) 875/125mg #40 no refill: 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 Official Disability Guidelines (ODG) Infectious Diseases chapter, under Amoxicillin and Other Medical Treatment Guidelines www.guidelines.gov.

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with neck, back, and right shoulder pain. The patient is status post right shoulder rotator cuff decompression and repair on 07/14/14. The request is for Amox - Clavulanate (Augmentin) 875/125mg #40 no refill. RFA with the request not provided. Patient's diagnosis on 10/19/15 includes cervical condition with disc disease from C2-C7, discogenic lumbar condition with disc disease from L4-S1, right shoulder impingement syndrome, and chronic pain. Physical examination on 10/19/15 revealed tenderness to the cervical and lumbar paraspinal muscles bilaterally. Range of motion of the shoulder is decreased and painful. Tenderness noted to the posterior capsule and rotator cuff. Impingement sign is positive. Treatment to date has included surgery, imaging studies, injections, physical therapy and medications. Patient's medications include Norco, Nalfon, Neurontin, Voltaren XR, Wellbutrin SR, Effexor XR, Remeron, and Ultracet. The patient is not working, per 09/17/15 report. 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." www.guidelines.gov, National Guideline Clearinghouse, regarding post-op antibiotics 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. (Strength of evidence against prophylaxis=C.) If potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation (10-1-14)." Per 10/16/15 report, treater states "...kindly authorize surgery which is right shoulder arthroscopy, rotator cuff repair and evaluation of labrum and possible repair. With it authorize the Polar Care, immobilizer, amoxicillin 875mg (#40), Zofran 8mg (#20), and Neurontin 600mg (#180), indication for surgery includes the chronic pain, inability to raise the arm, and inability to use the arm; the MRA abnormality showing 50% tear of rotator cuff on bursal surface, labral tear..." In this case, the proposed surgery is a clean orthopedic procedure that does not require prophylactic use of antibiotics. Furthermore, the arthroscopic decompression has not yet been authorized. Therefore, the request is not medically necessary.

Gabapentin (Neurontin) 600mg #180 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with neck, back, and right shoulder pain. The patient is status post right shoulder rotator cuff decompression and repair on 07/14/14. The request is for Gabapentin (neurontin) 600mg #180 no refills. RFA with the request not provided. Patient's diagnosis on 10/19/15 includes cervical condition with disc disease from C2-C7, discogenic lumbar condition with disc disease from L4-S1, right shoulder impingement syndrome, and chronic pain. Physical examination on 10/19/15 revealed tenderness to the cervical and lumbar paraspinal muscles bilaterally. Range of motion of the shoulder is decreased and painful. Tenderness noted to the posterior capsule and rotator cuff. Impingement sign is positive. Treatment to date has included surgery, imaging studies, injections, physical therapy and medications. Patient's medications include Norco, Nalfon, Neurontin, Voltaren XR, Wellbutrin SR, Effexor XR, Remeron, and Ultracet. The patient is not working, per 09/17/15 report. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin (Neurontin) has been included in patient's medications per progress reports dated 07/20/15, 08/19/15, and 09/17/15. It is not known when this medication was initiated. Per 10/16/15 report, treater states "...kindly authorize surgery which is right shoulder arthroscopy, rotator cuff repair and evaluation of labrum and possible repair. With it authorize the Polar Care, immobilizer, amoxicillin 875mg (#40), Zofran 8mg (#20), and Neurontin 600mg (#180), indication for surgery includes the chronic pain, inability to raise the arm, and inability to use the arm; the MRA abnormality showing 50% tear of rotator cuff on bursal surface, labral tear..." The patient continues with neck, back, and right shoulder pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has not documented medication efficacy in terms of decrease in pain or functional improvement. In addition, although, treater has indicated that the patient will be postoperative, for which the prescription of Gabapentin would be reasonable; the shoulder arthroscopic decompression has not yet been authorized. Therefore, the request is not medically necessary.

Ondansetron (Zofran) 8mg #20 no refill: 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 - 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 (Chronic) Chapter under Antiemetics.

Decision rationale: Based on the 10/19/15 progress report provided by treating physician, the patient presents with neck, back, and right shoulder pain. The patient is status post right shoulder rotator cuff decompression and repair on 07/14/14. The request is for Ondansetron

(Zofran) 8mg #20 no refill. RFA with the request not provided. Patient's diagnosis on 10/19/15 includes cervical condition with disc disease from C2-C7, discogenic lumbar condition with disc disease from L4-S1, right shoulder impingement syndrome, and chronic pain. Physical examination on 10/19/15 revealed tenderness to the cervical and lumbar paraspinal muscles bilaterally. Range of motion of the shoulder is decreased and painful. Tenderness noted to the posterior capsule and rotator cuff. Impingement sign is positive. Treatment to date has included surgery, imaging studies, injections, physical therapy and medications. Patient's medications include Norco, Nalfon, Neurontin, Voltaren XR, Wellbutrin SR, Effexor XR, Remeron, and Ultracet. The patient is not working, per 09/17/15 report. 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." Per 10/16/15 report, treater states "...kindly authorize surgery which is right shoulder arthroscopy, rotator cuff repair and evaluation of labrum and possible repair. With it authorize the Polar Care, immobilizer, amoxicillin 875mg (#40), Zofran 8mg (#20), and Neurontin 600mg (#180), indication for surgery includes the chronic pain, inability to raise the arm, and inability to use the arm; the MRA abnormality showing 50% tear of rotator cuff on bursal surface, labral tear..." 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 request for Ondansetron is not medically necessary.