

Case Number:	CM15-0223100		
Date Assigned:	11/19/2015	Date of Injury:	01/20/2014
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on 1-20-14. The injured worker was diagnosed as having cervical-trapezial musculoligamentous sprain-strain; thoracic and lumbar musculoligamentous sprain-strain; bilateral shoulder periscapular strain; impingement-tendinitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker complains of left knee and bilateral shoulder pain. The provider notes, "With regard to the left knee, the patient reports he has completed post-operative therapy. He complains of residual pain and decreased range of motion. He reports that he uses his left knee brace when he walks long distances which helps stabilize his knee and decreases pain. Pain levels are 4-5 out of 10 as moderate, dull ache and soreness. With regard to the bilateral shoulders, the patient complains of continued pain that increases with reaching, lifting, pushing, pulling activities. He reports the surgeon recommended left shoulder surgery then right. Pain levels are noted as 7-8 out of 10 and constant, dull with weakness, ache and soreness." The physical examination is documented as "bilateral shoulders reveal tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular joint and periscapular musculature. There is no laxity bilaterally. Crepitus is present bilaterally. Impingement test is positive; cross arm bilaterally is positive; range of motion of the bilateral shoulders is decreased with pain in all planes. Exam of the left knee reveals a well-healed scar; tenderness to palpation over the surgical site, medial joint line and lateral joint line. There is no laxity noted but crepitus is present. Patellar grind test is negative; range of motion is as follows: flexion 115 degrees; extension 0 degrees with increased pain on flexion. The treatment plan included continuation of home exercise program; pending scheduling left shoulder surgery; authorize for refill of Tylenol #3 300-30mg and post-operative medications. A PR-2 note dated 9-

30-15 is for a pre-operative surgical clearance for the left shoulder surgery. A Request for Authorization is dated 11-2-15. A Utilization Review letter is dated 10-20-15 and non-certification for Keflex 500mg #30; Zofran 8mg #10; Tylenol No.3, 300-30mg #60. A request for authorization has been received for Keflex 500mg #30; Zofran 8mg #10; Tylenol No.3, 300-30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 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, Infectious Diseases: Cephalexin (Keflex) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter/Cephalexin (Keflex®) Section.

Decision rationale: MTUS guidelines do not address the use of Keflex, therefore, alternative guidelines were consulted. Per the ODG, Keflex is recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. In this case, Keflex is being requested as a post-operative medication. There is no indication for prophylactic, post-operative treatment with Keflex. The request for Keflex 500mg #30 is not medically necessary.

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 (Chronic): Ondansetron (Zofran) (2015).

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/Antiemetics (for opioid nausea) Section.

Decision rationale: The MTUS Guidelines do not address the use of Zofran. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Zofran is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. In this case, Zofran is being requested as a post-operative antinausea. There is no evidence that the associated request for surgery has been approved. The request for Zofran 8mg #10 is not medically necessary.

Tylenol No. 3, 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Codeine (Tylenol with Codeine) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, Tylenol #3 has been previously recommended for weaning only. Additionally, there is no objective evidence of functional improvement or quantifiable pain relief with the prior use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol No. 3, 300/30mg #60 is not medically necessary.