

<b>Case Number:</b>	CM15-0083421		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Texas, Florida, 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 62-year-old female, who sustained an industrial injury on 04/26/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar hyperextension/hyperflexion, knee fracture, status post patellar open reduction with internal fixation, and status post closed treatment of the radial head fracture, closed mildly displaced left wrist fracture, right elbow posttraumatic epicondylitis, head trauma, right shoulder rotator cuff tear and impingement syndrome, status post right shoulder surgery, status post right shoulder impingement release, significant post-surgical knee chondromalacia, early arthrosis to the patella, multilevel spinal discopathy, and right knee degeneration. Treatment to date has included laboratory studies, medication regimen, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the right knee, and above listed procedures. In a progress note dated 03/09/2015 the treating physician reports complaints of continuous aching, burning, and stabbing pain to the right shoulder, right elbow, the right wrist, low back, and right knee with numbness, pins, and needles noted. The injured worker rates the pain a six out of ten on the pain scale. The treating physician also notes tenderness to the acromioclavicular joint of the right shoulder, tenderness to the thoracolumbar spine to the base of the pelvis, and tenderness to the bilateral joint line of the right knee with crepitus noted. The treating physician is recommending right knee arthroscopy. The treating physician requested associated post-surgical treatments of an ice unit with a seven-day rental noting that it is indicated to reduce pain, inflammation, edema, and muscle spasm during the immediate post-operative period and through the rehabilitative period. The treating

physician also requested the medications of Zofran 8mg with a quantity of ten to assist with post-operative nausea, Duricef 500 mg with a quantity of 14 to be taken at home post-operatively as a short-term antibiotic, and Norco 10/325mg with the quantity of 60 to be used as a pain reliever.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duricef 500 mg (post op) #14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), infectious disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Cefadroxil.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This is Cefadroxil, an antibiotic. The brand has been discontinued in the US. The generic form may still be prescribed in the US for bacterial infections such as strep through. There is no evidence of strep infection. In addition, the request is for a brand name, which is simply not available in the US. It was intended for post surgical use, but the records attest the surgery itself was not certified. The request is appropriately not medically necessary.

#### **Zofran 80 mg (post op) #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 (ODG), pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

**Decision rationale:** The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> 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. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. It was intended for post surgical use, but the records attest the surgery itself was not certified. The request is appropriately not medically necessary.

#### **Ice unit 7 day rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg, continuous flow cryotherapy units.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

**Decision rationale:** This is a cold therapy pump. This durable medical equipment item is a device to administer regulated cold. However, the MTUS/ACOEM guides note that "during the acute to sub acute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple cold packs made at home are simply not needed to administer the cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. Further, it was intended for post surgical use, but the records attest the surgery itself was not certified. The request was appropriately not medically necessary.

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids. (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Further, the Norco was intended for post surgical use, but the records attest the surgery itself was not certified. The request for opiate usage is not medically necessary per MTUS guideline review.