

Case Number:	CM14-0128236		
Date Assigned:	08/15/2014	Date of Injury:	04/26/2012
Decision Date:	10/23/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who reported an injury on 04/26/2012, after moving a 300 pound piece of freight. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was treated conservatively and ultimately underwent surgical intervention of the right shoulder. This was followed by postoperative physical therapy. The injured worker was evaluated by an agreed medical examiner on 06/09/2014. It was documented that the injured worker had ongoing right shoulder pain complaints that interfered with her ability to participate in activities of daily living. It was documented that the injured worker's medications included Vicodin once or twice per day. No physical examination was provided. A request was made for a refill of Vicodin, Zofran, and nicotine transdermal patches. No justification was provided to support the request. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 Mg, 1 Tablet by mouth. every 4hours, as needed. Pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Vicodin 5/300 mg 1 tablet by mouth every 4 hours as needed for pain #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain to be supported by documented functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation does not provide any evidence of pain relief, increased function, managed side effects, or that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. As such, the requested Vicodin 5/300 mg 1 tablet by mouth every 4 hours as needed for pain #60 is not medically necessary or appropriate.

Nicotine Transdermal, 7 Mg Daily X2 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse(NGC), Treatment of Tobacco dependence

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roy, R., Kim, S., Kim, A., Tan, M., Tentler, A., Kothari, N., & Blackwell, L. (2014). Improving Physician Adherence To Tobacco Cessation Counseling Guidelines. *Am J Respir Crit Care Med*, 189, A1101. Raja, M., Saha, S., Mohd, S., Narang, R., Reddy, L. V. K., & Kumari, M. (2014). Cognitive Behavioural Therapy Versus Basic Health Education for Tobacco Cessation among Tobacco Users: A Randomized Clinical Trail.

Decision rationale: The requested nicotine transdermal 7 mg daily x 2 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. Peer reviewed literature does support the use of transdermal patches to assist with smoking cessation; however, the clinical documentation submitted for review does not provide an adequate history of the patient's smoking habits to assist with determining the type and duration of treatment. There is no documentation of the patient failing to respond to a self directed, self managed smoking cessation program. Therefore, the need for medication to assist with smoking cessation is not supported. As such, the requested nicotine transdermal 7 mg x 2 weeks is not medically necessary or appropriate.

Nicotine Transdermal, 14 Mg Patch Daily X6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse(NGC), Treatment of Tobacco dependence

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roy, R., Kim, S., Kim, A., Tan, M., Tentler, A., Kothari, N., & Blackwell, L. (2014). Improving Physician Adherence To Tobacco Cessation Counseling Guidelines. *Am J Respir Crit Care Med*, 189, A1101. Raja, M., Saha, S., Mohd, S., Narang, R., Reddy, L. V. K., & Kumari, M. (2014). Cognitive Behavioural Therapy Versus Basic Health Education for Tobacco Cessation among Tobacco Users: A Randomized Clinical Trail.

Decision rationale: The requested nicotine transdermal 14 mg patch daily x 6 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. Peer reviewed literature does support the use of transdermal patches to assist with smoking cessation; however, the clinical documentation submitted for review does not provide an adequate history of the patient's smoking habits to assist with determining the type and duration of treatment. There is no documentation of the patient failing to respond to a self directed, self managed smoking cessation program. Therefore, the need for medication to assist with smoking cessation is not supported. As such, the requested nicotine transdermal 7 mg x 2 weeks is not medically necessary or appropriate.

Zofran 4 Mg by mouth.every6h. as needed. Nausea #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics

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, Anti-Emetics

Decision rationale: The requested Zofran 4 mg by mouth every 6 hours as needed for nausea #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend Zofran for acute gastritis. The clinical documentation submitted for review does not provide any evidence that the patient has acute gastritis that would benefit from this type of medication. As such, the requested Zofran 4 mg by mouth every 6 hours as needed for nausea #60 is not medically necessary or appropriate.