

Case Number:	CM14-0133284		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2003
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 of unknown age, female and reported an injury on 08/05/2003 due to an unknown mechanism. Diagnoses were impingement syndrome of the shoulder on the right, status post decompression and distal clavicle excision, carpal tunnel syndrome bilaterally, status post decompression, wrist inflammation on the right, status post arthroscopy with grade 2 to grade 3 chondromalacia along the lunate noted, wrist joint inflammation on the left, and CMC joint inflammation on the left. Past treatments were a TENS unit, brace, hot and cold wraps. Diagnostic studies were not reported. Surgical history was carpal tunnel surgery, right shoulder surgery. Physical examination on 07/23/2014: There were no subjective complaints reported. Examination revealed tenderness along the knee on the right and the left. There was no weakness to resisted function. Knee extension was to 120 degrees on the right and 180 degrees on the left and flexion was to 90 degrees on the right and 135 degrees on the left. Medications were not reported. Treatment plan was to request MRI, injections for the knees, and medications. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Tablets of Amoxicillin 875mg: 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) Treatment

Index, 11th Edition (web) 2014, Infectious Disease, regarding Amoxicillin - Clavunated <http://www.rxlist.com/amoxicillin-drug/indications-dosage.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com: <http://www.drugs.com/ppa/amoxicillin.html>.

Decision rationale: The medical guidelines do not cover amoxicillin. Website Drugs.com states that amoxicillin is used for the treatment of ear, nose, throat, urinary, skin and skin structure, lower respiratory tract, and acute uncomplicated gonorrhea infections caused by susceptible strains of specific organisms. It was not reported in the document submitted for review that the injured worker had an infection. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

1 Rejuveness: 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 Other Medical Treatment Guideline or Medical Evidence: https://www.google.com/gws_rd=ssl#q=rejuveness.

Decision rationale: This medication comes in a jar, and most drug stores carry it. It is used for scar removal and scar treatment. It is an over the counter medication. The request does not indicate if this is in a cream form that comes in a jar, or if it comes as a sheet form that can be cut to size. Therefore, this request is not medically necessary.

20 Tablets of Zofran 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zfran-drug/indications-dosage.htm>.

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

Decision rationale: The Official Disability Guidelines state anti-emetics for opioid nausea is not recommended. Anti-emetics are recommended for acute use as noted by the FDA approved indications. Nausea and vomiting is common with the use of opioids. The 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 4 weeks) and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated. Zofran 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. It was not

reported in the documents submitted that the injured worker had any of those indications. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

180 Tablets of Neurontin 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.