

Case Number:	CM14-0082137		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2013
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 51-year-old male who has submitted a claim for right shoulder pain associated with an industrial injury date of March 19, 2013. Medical records from 2013 to 2014 were reviewed and showed that the patient is status post right biceps surgery dated on June 13, 2013. Patient currently complains of right shoulder pain as well as weakness. Pain is sharp, throbbing, pins and needles and rated at 8 out of 10. Physical examination of the right shoulder revealed there is moderate tenderness over the biceps tendon and muscle belly. Range of motion was limited. Treatment to date has included oral medications, surgery and post-operative physical therapy. Utilization review from May 16, 2014 denied the request for Hydrocodone/APAP 10/325 mg, QTY: 60 because previous utilization reviews, from November 2013 and April 2014, have recommended giving a weaning dose. The same review denied the request for Ondansetron 2 mg, QTY: 60 because complaints of nausea were associated with other medical problems / medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Hydrocodone-Acetaminophen 10/325 mg since at least June 2013. There was no documentation to monitor the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors) for ongoing monitoring. Therefore, the request for Hydrocodone/APAP 10/325 mg, QTY: 60 is not medically necessary.

Ondansetron 2 mg, QTY: 60: 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 FDA, Ondansetron.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, there was documentation of episodes of nausea, however, probable etiology was not identified. There is no report that the patient is undergoing cancer chemotherapy or radiation therapy to warrant Ondansetron. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ondansetron 2 mg, QTY: 60 is not medically necessary.