

<b>Case Number:</b>	CM14-0099790		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 47 year old female with an injury date of 11/02/06. The 05/19/14 report by ■■■ states that the patient presents with left shoulder intermittent pain with decreased range of motion, occasional tingling/numbness in the bilateral hands, and triggering of the left thumb, middle and ring fingers. The treater notes the patient is to return to modified work with permanent restrictions. Examination reveals healed surgical incisions of the bilateral shoulders, soft tissue mass on palpation is noted positive, pain on palpation on both the left and right lateral epicondyle and mobile wad. Neurosensory examination notes decreased median nerve distribution on the left and right. The patient's diagnoses include: Bilateral carpal tunnel syndromes status surgical releases, Bilateral elbow lateral epicondylitis, Right middle trigger finger status post-surgical release, Right hand volar cyst status post-surgical excision, Right wrist volar cyst, Right ring trigger finger status post release, Right small finger retinacular cyst, Right shoulder impingement syndrome status post arthroscopic subacromial decompression, Right shoulder full thickness rotator cuff tear status post repair, Left shoulder impingement syndrome status post arthroscopic subacromial decompression, Left shoulder supraspinatus tear status post repair, Left middle trigger finger status post 1 cortisone injection, Left ring trigger finger status post 1 cortisone injection, Left trigger thumb status post 1 cortisone injection, Left shoulder adhesive capsulitis status post release of adhesions and manipulation. Current medications are listed as Norvsac and Diovan. The utilization review being challenged is dated 06/04/14. Two treatment reports were provided from 01/06/14 to 05/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT Sequential Device x1 day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder updated 04/25/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Venous thrombosis Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on:

**Decision rationale:** The patient presents with left shoulder pain, numbness and tingling in the bilateral hands and triggering of the left thumb, middle and ring fingers. The Treater requests for Deep Vein Thrombosis sequential device x 1 day but the provided reports do not discuss the rationale or for what reason. ODG guidelines Shoulder section states, "Not generally recommended in the shoulder." ODG does not address the elbow, digits or wrists for DVT device. In this case, the reports provided do not discuss the use or body part regarding the request. It would appear that the patient recently had shoulder surgery and the this device may have been used post-operative. There is no support for the use of DVT prophylactic device following shoulder surgery per ODG guidelines. Recommendation is for denial.

**Zofran 4mg # 10: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Infectious Diseases

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These 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 four weeks) and have limited ap

**Decision rationale:** Rationale: Zofran (ondansetron) 4 mg #10The patient presents with left shoulder pain, numbness and tingling in the bilateral hands and triggering of the left thumb, middle and ring fingers. The Treater requests for Zofran (ondansetron) 4 mg #10. Per the reports provided it is not known if or for how long the patient has been taking this medication. ODG guidelines have the following regarding Ondansetron: Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for chemo-induced or post-

operative nausea. In this case, the patient is post-operative and the prescription is for #10 of Zofran. Post-operative use of Zofran for nausea/vomiting is medically reasonable and supported by the guidelines. Recommendation is for authorization.

**Duricef 500mg #28:** 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; Infectious Diseases

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Cefadroxil (Duricef®) Recommended as first-line treatment for skin & soft tissue infections. See Skin & soft tissue infections (SSTI).

**Decision rationale:** The patient presents with left shoulder pain, numbness and tingling in the bilateral hands and triggering of the left thumb, middle and ring fingers. The Treater requests for Duricef (cefadroxil) 500 mg #28. ODG guidelines state that Duricef is recommended as first-line treatment for skin and soft tissue infections. In this case the treater does not discuss the intended use or efficacy of the medication in the reports provided, and there is no diagnosis or discussion of skin or soft tissue infection. This antibiotic may have been prescribed for post-operative use following shoulder surgery. Per the National Guideline Clearinghouse, antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedure arthroscopy. Recommendation is for denial.

**Narcosoft#60( dosage unknown):** 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; Infectious Diseases

**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: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the

**Decision rationale:** The patient presents with left shoulder pain, numbness and tingling in the bilateral hands and triggering of the left thumb, middle and ring fingers. The Treater requests for Narcosoft #60. On-line research states that Narcosoft is a medical nutritional supplement that may help to relieve symptoms of constipation. MTUS and ODG guidelines do not address this medication. Per the reports provided, the treater does not document or discuss constipation, the intended use or the efficacy of this medication. MTUS and ODG guidelines do not discuss this

nutritional supplement. There is lack of medical evidence for this supplement's effectiveness and the treater does not provide any. Recommendation is for denial.