

Case Number:	CM14-0049723		
Date Assigned:	03/25/2015	Date of Injury:	11/03/2005
Decision Date:	05/28/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 64 year old female who sustained an industrial injury on 11/03/2005. She reported pain in the neck, low back, both shoulders, both wrists, and right leg. The injured worker was diagnosed as having discogenic lumbar condition; discogenic cervical condition with multilevel disc disease; Impingement syndrome of the shoulder bilaterally carpal tunnel syndrome bilaterally with trigger finger along the long finger on the right side, and depression secondary to chronic pain syndrome. Currently, the injured worker complains of pain in the right shoulder. Requested for authorization were: Right shoulder arthroscopy, decompression, possible rotator cuff repair, repair of the labrum, and possible biceps tenodesis and release; Associated surgical service: Cardiac clearance; Preoperative clearance to include history and physical; Associated surgical service: Complete Blood Count (CBC); Associated surgical service: Comprehensive Metabolic Panel (CMP); Associated surgical service: Electrocardiography; Associated surgical service: Chest x-ray; Zofran 8 mg QTY: 20.00; Amoxicillin 875 mg QTY: 20.00; Neurontin 600 mg QTY: 180.00; Rejuveness (1 silicone sheeting to reduce scarring); and Shoulder Immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Polar care rental (21 days): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Cold packs and Continuous-flow cryotherapy.

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for shoulder pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute shoulder pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, the request for "polar care rental" was for 21 days of rental, which is more than necessary and is not medically necessary or likely to be helpful with recovery beyond the first week or so following the surgical procedure of the shoulder which was being planned.

Zofran 8 mg QTY: 20.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter, anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Anti-emetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also, there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, there was insufficient documentation to support the use of this medication following shoulder surgery as there was no indication that other anti-emetics were contraindicated or not likely to be helpful compared to Zofran. Therefore, the request for Zofran will be considered medically unnecessary.