

Case Number:	CM15-0110222		
Date Assigned:	06/16/2015	Date of Injury:	05/06/2010
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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 is a 50 year old female, who sustained an industrial injury on 05/06/2010. She reported an injury to her right shoulder. Diagnoses included right shoulder impingement, rotator cuff tear. According to a handwritten partially legible progress report dated 04/13/2015, the injured worker complained of bilateral shoulder pain, right greater than left. Pain was rated 7-8 on a scale of 1-10. She was pending right shoulder surgery on 04/15/2015. Review of systems was positive for high blood pressure, heartburn, stomach pain, muscle spasms, sore muscles, depression, stress, anxiety and difficulty sleeping. Current medications include Tylenol #3 and Motrin. The retreatment plan included Tylenol #4, Zofran for treatment of nausea secondary to meds or post-op nausea and Keflex for treatment of soft tissue infection. On 04/15/2015, the injured worker underwent right shoulder surgery. Currently under review is the request for Zofran ODT 8mg #10 and Keflex 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 8mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, zofran.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The request meets these criteria and therefore is certified.

Keflex 500mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, keflex.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a cephalosporin antibiotic indicated in the treatment of skin infections or prevention of skin infection. This is the intent of the request and therefore the request is certified.