

<b>Case Number:</b>	CM15-0122991		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female, who sustained an industrial injury on 8/01/2013. Diagnoses include discogenic cervical condition, epicondylitis medially and laterally on the right, ulnar neuritis bilaterally worse on the left, bilateral carpal tunnel syndrome, bilateral wrist inflammation with CMC joint inflammation of the thumb on the right as well as hamate and scapholunate on the left and intersection syndrome bilaterally. Treatment to date has included conservative treatment consisting of medications, injections, bracing, activity modification and therapy. Per the Primary Treating Physician's Progress Report dated 5/15/2015, the injured worker reported persistent pain in the shoulders, elbows and wrist. Physical examination revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle and pain on both wrists and along the dorsum of the wrist, TFCC across the base of the thumb, CMC and STT joint and mild tenderness along the first extensor bilaterally. The plan of care included avoidance of repetitive activities, medication management and a TENS unit. Authorization was requested for Amoxicillin, Zofran and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amoxicillin 875mg, #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/antibiotics.html](http://www.nlm.nih.gov/medlineplus/antibiotics.html).

**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: Clinical practice guideline for the patient safety at surgery settings.

**Decision rationale:** Amoxicillin is an antibiotic. Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, there is no documentation that surgery has been authorized. It should be noted this IMR request does not address the appropriateness of surgery, but the appropriateness of amoxicillin if surgery has or were to take place. In light of this, the present request is not medically necessary.

**Zofran 8mg, #20:** 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) - Ondansetron (Zofran).

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

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.