

<b>Case Number:</b>	CM15-0175058		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/12/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Georgia  
 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:

This is a 36-year-old female with a date of injury of July 12, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement syndrome with persistent biceps tendonitis, left shoulder impingement syndrome, and cervical strain. Medical records dated June 19, 2015 indicate that the injured worker complains of ongoing neck pain, right shoulder pain, elbow pain, wrist pain, and hand pain. Records also indicate stiffness, loss of range of motion, and weakness of the arm with spasms and occasional numbness and tingling in the hand and arm. A progress note dated July 27, 2015 notes that the injured worker was scheduled for right shoulder surgery on August 10, 2015. The physical exam dated June 19, 2015 reveals tenderness along the right shoulder, positive impingement and Hawkins signs, abduction of 110 degrees on the right and 160 degrees on the left, and slight weakness against resistance with shoulder abduction and internal rotation secondary to pain on the right. The progress note dated July 27, 2015 documented a physical examination that showed tenderness along the biceps tendon on the right shoulder as well as positive impingement and Hawkins signs. Treatment has included medications (Ultracet and Celebrex since at least April of 2015), cortisone injections, physical therapy, and magnetic resonance imaging of the right shoulder (2013) that showed subacromial subdeltoid bursitis. The treating physician indicates that the prescriptions for Norco, Keflex, and Zofran were for after the shoulder surgery, and that the Zofran was being prescribed due to the injured worker's history of postoperative nausea. The original utilization review (August 5, 2015) non-certified a request for Keflex 500mg #28 and

Zofran 8mg #20, and partially certified a request for Norco 10-325mg #30 (original request for Norco 10-325mg #120).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zofran 8mg #20, no refills (Rx date 7/27/15):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Antiemetics for opioid nausea.

**Decision rationale:** The CA MTUS Guidelines are silent on the use of Zofran. According to the Official Disability Guidelines antiemetics such as Zofran are not recommended for nausea and vomiting secondary to chronic opioid use as 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 application to long-term use. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy where short term use, especially of Zofran, is indicated. In this case, the request is for short-term use of Zofran post-operatively because of a history of post-operative nausea. Therefore, the request is medically necessary.

**Keflex 500mg #28 (Rx date 7/27/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70 (3): 195-283.

**Decision rationale:** The CA MTUS Guidelines and the CA MTUS Guidelines are silent on antibiotic use in elbow surgery. According to clinical practice guidelines for antimicrobial prophylaxis in surgery, antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Empiric post-operative Keflex is not medically necessary for the planned upper extremity surgery.

**Norco 10/325mg #120 (Rx date 7/27/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The CA MTUS Guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. In this case, the claimant is taking Ultracet ongoing for chronic pain and the request for Norco 10/325 #120 is for use post-operatively after planned shoulder surgery for moderate to severe pain. Use of Norco in this situation is medically indicated but the request #120 exceeds a medically reasonable amount of medication. Therefore, the request is not medically necessary.