

Case Number:	CM15-0065754		
Date Assigned:	04/13/2015	Date of Injury:	04/14/2006
Decision Date:	06/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 65-year-old male who sustained an industrial injury on 04/14/2006. Diagnoses include left knee internal derangement, left shoulder impingement syndrome and lumbar spine radiculitis. Treatment to date has included medications, physical therapy, chiropractic treatment, TENS, knee support, joint injections and home exercise program. Diagnostics included x-rays, MRIs and psychological testing. According to the progress notes dated 3/10/15, the IW reported left knee, back and left shoulder pain. He reported locking/"giving out" of the left knee and radiation of back pain to the bilateral legs. A request was made for Zofran 8mg, Norco 10/325mg, Docusate 100mg and Keflex 500mg for medication post-operative left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter: antiemetics.

Decision rationale: According to the 03/10/2015 report, this patient presents with "left knee pain, no change, the same. Frequent aching sharp pain and left shoulder pain; same." The current request is for Zofran 8mg #20. The request for authorization is on 03/18/2015 and the patient's work status is to remain off work until 04/21/2015. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. 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)." Based on the reports provided for review, the Utilization Review denial letter states "there was no indication the surgery has been approved or scheduled." In this case, the provided reports do not indicate the patient had surgery recently or is schedule to have surgery soon. Ondansetron is only recommended for post-op nausea per ODG. The current request IS NOT medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 03/10/2015 report, this patient presents with "left knee pain, no change, the same. Frequent aching sharp pain and left shoulder pain; same." The current request is for Norco 10/325mg #90. This medication was first mentioned in the 01/21/2015 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 03/18/2015 and the patient's work status is to remain off work until 04/21/2015. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 As as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

Docusate 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 03/10/2015 report, this patient presents with "left knee pain, no change, the same. Frequent aching sharp pain and left shoulder pain; same." The current request is for Docusate 100mg #60. The request for authorization is on 03/26/2015 and the patient's work status is to remain off work until 04/21/2015. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, the patient is current taking Norco (an opiate) and the treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The request is medically necessary.

Keflex 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Infectious Diseases, Cephalexin (Keflex®) National Guideline Clearinghouse : www.guidelines.gov.

Decision rationale: According to the 03/10/2015 report, this patient presents with "left knee pain, no change, the same. Frequent aching sharp pain and left shoulder pain; same." The current request is for Keflex 500mg #30. The request for authorization is on 03/18/2015 and the patient's work status is to remain off work until 04/21/2015. Regarding Cephalexin (Keflex), ODG guidelines under Infectious Diseases states Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. According to www.guidelines.gov, the National Guideline Clearinghouse, "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. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." The MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics. However, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. Furthermore, UR allured that "the patient was to undergo shoulder arthroscopic surgery however; there was no indication that the surgery has been approved or scheduled." Therefore, the current request IS NOT medically necessary.