

Case Number:	CM14-0015257		
Date Assigned:	02/28/2014	Date of Injury:	03/17/2011
Decision Date:	12/19/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old woman with a date of injury of 03/17/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/23/2013 and 10/17/2013 indicated the worker was experiencing left hand stiffness and pain in the left shoulder, elbow, and hand. Documented examinations consistently described decreased motion in the left shoulder joint and pain with movement. The submitted and reviewed documentation concluded the worker was suffering from a partial left shoulder rotator cuff tear, impingement syndrome, cartilage disorder, and bursitis; left wrist tenosynovitis; and left elbow lateral epicondylitis. Treatment recommendations included oral pain medications, medication injected into the left shoulder joint, a surgical procedure to treat the left shoulder and the associated treatment afterwards, activity restrictions, and follow up care. A Utilization Review decision was rendered on 01/24/2014 recommending non-certification for twenty-eight tablets of Keflex (cephalexin) 500mg for after the surgery, forty-five tablets of Norco (hydrocodone with acetaminophen) for after the surgery, and ninety tablets of tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: Norco (Hydrocodone with Acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The submitted and reviewed documented treatment recommendations included a left shoulder arthroscopy procedure. There was no indication the worker had previously taken Hydrocodone with Acetaminophen in the past. Tramadol, another opioid medication, was also recommended for this issue after surgery. The documentation suggested the worker was using this medication as part of the worker's pain management treatment program on an on-going basis. The literature does not support the use of multiple opioids at the same time in this setting. There was no discussion supporting the addition of Hydrocodone with Acetaminophen after surgery. In the absence of such evidence, the current request for forty-five tablets of Norco (Hydrocodone with Acetaminophen) is not medically necessary.

Tramadol 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (Hydrocodone/Acetaminophen) contains two pain medications, an opioid and Acetaminophen. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. In addition, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed records indicated the worker was experiencing left hand stiffness and pain in the left shoulder, elbow, and hand. Minimal assessments of the worker's pain were documented, and few elements encouraged by the Guidelines were reported. There was no discussion demonstrating that treatment recommendations were affected by the monitored outcomes balanced against the risks of on-going use. However, the Guidelines support an individualized wean when an opioid medication does not demonstrate sufficient benefit. For these reasons, the current request for ninety tablets of Tramadol 50mg is medically necessary in order to complete an individualized wean.

Post-op medications: Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Anderson DJ, et al. Antimicrobial prophylaxis for prevention of surgical site infection in adults, Topic 4043, version 38.0 Up-to-date, accessed 12/16/2014.

Decision rationale: Keflex (Cephalexin) is an antibiotic. The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports using antibiotics to decrease the likelihood of wound infections after surgery for spinal procedures, repairs of closed broken bones, when hardware will remain in the body after the surgery, and for total joint replacements. The literature does not show antibiotics should be used for clean surgical procedures, such as arthroscopy, or if no hardware will remain in the body. The submitted and reviewed documented treatment recommendations included a left shoulder arthroscopy procedure. There was no discussion suggesting hardware would remain in the worker's body after the surgery or supporting the use of antibiotics in this setting. In the absence of such evidence, the current request for twenty-eight tablets of Keflex (Cephalexin) 500mg is not medically necessary.