

Case Number:	CM14-0111404		
Date Assigned:	08/01/2014	Date of Injury:	01/02/2014
Decision Date:	10/07/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who had a work related injury on 01/02/14 when he fell off a meat cooler while searching for a trespasser at work. The area was poorly lit, and he fell off the cooler into the hallway, where he was knocked unconscious. He had an increase in pain since his last visit. Treatment consisted of ER visit and a consult with an orthopedist for back and neck complaints. He was also being treated by eye doctor and was awaiting referral to a neurologist for severe frequent headaches. He had MRI of the right shoulder on 02/19/14 and 16 sessions of chiropractic rehabilitative therapy for his knee, shoulder, neck, and wrist. He reported that some of the exercise aggravated his other symptoms. He expressed frustration that at therapy, they only treated one part at each session and did not feel like he benefited significantly from therapy. The right shoulder and knee cortisone injections on 04/23/14 provided 50% relief for three to four days. He said that the pain returned several days after the injection. Clinical record dated 05/21/14 right shoulder injury 0% improvement, the left wrist injury 20% worse and the right knee injury 20% worse. On physical examination he was a healthy male and well-kept in appearance. He was a good historian who was alert and oriented times three. Right shoulder examination revealed no swelling, deformity, or effusion; there was no bone or joint malalignment; active range of motion of his right shoulder at 60 to 160 degrees of flexion, 60 degrees of extension and abduction 160 degrees; internal or external rotation was 45 degrees and internal rotation was 90 degrees; there was tenderness to the entire shoulder, which was worse in the biceps; no skin hypersensitivity; there was pain with range of motion, Neer and Hawkins tests were negative and speeds were positive; O'Brien and apprehension test was negative; relocation sulcus and drop arm test was negative; cross arm test was positive; strength was rated 5/5 in interossei, thenar, ECR, biceps, and deltoid; normal sensation at the radial median ulnar axillary nerve, 2+ reflexes in upper extremities, 2+ pulses to radial ulnar

arteries; rest of two second capillary refill; tenderness to the entire wrist; palpation on any ligament, tender bone structure; there was no skin hypersensitivity; there was pain with range of motion; the joint was stable and tracked well with range of motion; there was no instability with manipulation or weight bearing; negative Tinel, Phalen, Finklestein. Right knee examination revealed no pre-patellar effusion; there was no bone or joint malalignment; there was pain to the entire knee, worse on the pre-patellar bursa; there was no skin hypersensitivity; there was no pain with range of motion; negative apprehensive, patellar grind McMurray, Apley compression, Lachman, or anterior posterior drawer sign; strength was 5/5 in lower extremities; sensation was intact in lower extremities; reflexes were 2+ in lower extremities. MRI of right shoulder dated 02/19/14 demonstrated AC arthrosis; rotator cuff tendinitis; and biceps tendinitis. MRI of left wrist dated 05/01/14, demonstrates mild pisotriquetral osteoarthritis. MRI of the right knee dated 05/01/14 demonstrate complex tear, posterior horn of the medial meniscus; degenerative changes of the anterior horn of the medial meniscus and posterior horn of the lateral meniscus; intra condylar notch cyst; and posterior to the proximal posterior cruciate ligament. Diagnosis of right shoulder AC arthrosis; right shoulder bursitis and impingement; right shoulder tendinitis; right should biceps tendinitis; left wrist sprain; left wrist key ray; right knee medial meniscus tear; right pre-patellar bursitis; and right patellar chondromalacia. Prior utilization review on 06/16/14 was non-certified. Current request was for Keflex 500mg PO QID for three days #12 and Ambien 10mg PO Q HS PRN for sleep #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg PO QID for 3 days #12: 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) Infectious Diseases (updated 02/21/14) Cephalexin (Keflex)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, Prophylaxis (antibiotic & anticoagulant)

Decision rationale: The request for Keflex 500mg PO QID for 3 days #12 is not medically necessary. This medication is recommended in conjunction with hip surgery. One dose of antibiotic prophylaxis significantly reduces overall wound infections for deep and superficial infection. There is no clinical evidence submitted that the injured worker is undergoing hip surgery, or that he has an active infection. Therefore, this request is not medically necessary.

Ambien 10mg/tab PO QHS PRN Sleep #30: 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 (updated 06/10/14) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Zolpidem (Ambien®)

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg is not medically necessary.