

Case Number:	CM14-0176245		
Date Assigned:	10/29/2014	Date of Injury:	10/05/2011
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 61 years old male with an injury date on 10/05/2011. Based on the 10/10/2014 progress report provided by [REDACTED], the diagnosis is: 1. Gunshot wound bilateral shoulders with history of bilateral humerus fractures, residual pain and stiffness in both shoulders. According to this report, the patient complains of posterior and lateral shoulder pain, bilaterally. Physical exam reveals restriction in the shoulders range of motion. A Corticosteroid/ Lidocaine injection to the left shoulder was given to the patient on today's visit. The 09/23/2014 report indicates the patient "left shoulder pain is worsening." Pain is noted while sleeping. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/27/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clindamycin 1 percent topical #60 with 3 refills: 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), Treatment Index, 12 Edition (web), 2014, Infectious Diseases

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: Medline Plus, a Service of NIH, and Regarding Clindamycin Topical

Decision rationale: According to the 09/23/2014 report by [REDACTED] this patient presents with posterior and lateral shoulder pain, bilaterally. The provider is requesting Clindamycin 1 percent topical #60 with 3 refills but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "Given that the patient will not be undergoing a surgical procedure and he is not at an elevated risk for infection, the medical necessity for the topical form of the request antibiotic has not been established." Regarding Clindamycin topical, Medline Plus, a service of NIH states, "Topical clindamycin is used to treat acne. Clindamycin is in a class of medications called Lincomycin antibiotics. It works by slowing or stopping the growth of bacteria that cause acne and by decreasing swelling." In this case, the treating physician does not explain why this topical antibiotic is being prescribed. There is no documentation of open sore, lesion or scar that is potentially infected. Clindamycin is sometimes used for acne as well, which is not documented and would not be considered an industrial injury. Therefore, this request is not medically necessary.

Oxycodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 88, 89, 76-78.

Decision rationale: According to the 09/23/2014 report by [REDACTED] this patient presents with posterior and lateral shoulder pain, bilaterally. The provider is requesting Oxycodone 10 mg #60 but the treating physician's report and request for authorization containing the request is not included in the file. Oxycodone was first mentioned in the 05/27/2014 report; it is unknown exactly when the patient initially started taking this medication. 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 this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specifics, as related to ADL's or return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use this request is not medically necessary.