

<b>Case Number:</b>	CM14-0034932		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery 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:

This 64 year old male sustained an industrial injury on 1/13/10. He underwent left shoulder arthroscopic rotator cuff repair on 7/20/12. The 1/30/13 right shoulder MRI impression documented supraspinatus tendinosis with a small full thickness tear and mild reactive subacromial bursitis. The 2/6/14 treating physician progress report cited subjective complaints of 7/10 right shoulder pain and no left shoulder pain. Current medications included Norco and Flexeril. Physical exam findings documented full left shoulder range of motion with mild acromioclavicular joint tenderness. There was mild loss of right shoulder range of motion with positive impingement signs, acromioclavicular joint and anterior shoulder tenderness, and right grip strength weakness. Right shoulder arthroscopic surgery with mini-open rotator cuff repair was recommended as the patient failed conservative treatment. The request for surgery was certified in utilization review on 3/3/14 with pre-op services and post-op cold therapy unit. The 3/3/14 utilization review denied the request for Cipro as there was no clear documentation as to the dose or quantity. The request for Vicodin was denied as there was no clear documentation that a single practitioner was prescribing this medication, it was being taken as directed, and there was on-going review of pain relief, functional status, and appropriate medication use and side effects. Records indicate that Norco had been reported since 5/13/13 with no documentation of the specific amount prescribed or used, and what benefit was achieved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cipro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, Web 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 MTUS Chronic Pain Guidelines and Official Disability Guidelines do not address the use of prophylactic antibiotics in the post-operative course. Therefore, the National Guideline Clearinghouse was referenced. Clinical practice guidelines state that 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. Cipro is recommended for orthopedic procedures involving internal fixation if the patient is -lactam allergic. Guideline criteria have not been met. The patient is undergoing a shoulder arthroscopic procedure with no specific indication provided to support the medical necessity of antibiotic prophylaxis in the absence of guideline support. Additionally, the provider has not specified the dose or quantity. As such, the request is not medically necessary and appropriate.

**Vicodin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, Web 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of Vicodin (hydrocodone/acetaminophen) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no specific prescription, including dose and quantity, submitted relative to this medication request for Vicodin. Prior use of hydrocodone/acetaminophen (Norco) is documented in the records with no indication as to the amount being used and what, if any, benefit was derived from use. In the absence of this information and a valid prescription, the medical necessity cannot be established. Therefore, this request for Vicodin is not medically necessary.