MAXIMUS Federal Services

Case Number:	CM14-0050307		
Date Assigned:	06/25/2014	Date of Injury:	01/13/2011
Decision Date:	07/31/2014	UR Denial Date:	03/09/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation 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 injured worker is a 51-year-old female who sustained a work-related injury on 01/13/11, when she lost footing on uneven concrete and fell causing injuries to the bilateral knees, right shoulder, lumbar and right wrist. The prior treatment included right shoulder steroid injections which did not provide any pain relief. An electrodiagnostic (EMG/NCV) study of the right upper extremity done on 06/08/11 was normal. A right shoulder MRI dated 02/23/11 revealed partial-thickness tear of the infraspinatus tendon insertion, hypertrophic acromioclavicular arthrosis, effacement of the supraspinatus myotendinous junction, superior labrum anterior posterior (SLAP) tear and subacromial-subdeltoid bursal fluid. The claimant was seen on 1/20/14 for complaints of shoulder pain, left knee, left foot and left ankle pain. There was pain about the base of the neck and interscapular area. There were positive impingements signs 1 and 2, Jobe's test and O'Brien's test. With respect to the left knee, there was pain with hyperflexion, in the left foot and ankle there was diffuse non-specific pain. The plan was 15 capsules of cephalexin 500 mg, 40 tablets of hydrocodone/APAP 10/325 mg and 60 tablets of ibuprofen 800 mg between 03/05/2014 and 04/19/2014. A return to work form dated 03/03/2014 noted that the claimant was released to full duty until surgery on 03/27/2014 and no duty from 03/27/2014 until next office visit. On 03/10/2014, the claimant was seen for persistent pain and discomfort with respect to the shoulder and neck. Examination revealed nonspecific pain about the base of the neck, nonspecific pain about the upper trapezius muscle fibers and positive impingement signs 1 and 2. The diagnoses were right shoulder partial rotator cuff tear, probable underlying superior labral anterior posterior lesion, nearly resolved adhesive capsulitis, moderate cervical degenerative disc disease and de Quervain's syndrome as a secondary tendonitis phenomenon. The recommendation was for surgery. In a letter dated 03/10/2014, the claimant was notified that the request for Cephalexin 500 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Capsules of Cephalexin 500mg: 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 Official Disability Guidelines (ODG) Infectious Diseases, Cephalexin (KeflexÂ®).

Decision rationale: There is no evidence of any infection, cellulitis or abscess in the medical records. There is no evidence of any plan for an invasive procedure requiring prophylactic antibiotics. Therefore, the request for Cephalexin is not medically necessary.

40 Tablets of Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, page(s) Page(s): 76 & 86.

Decision rationale: According to the CA MTUS Guidelines, Hydrocodone is short acting opioid that is recommended for intermittent or breakthrough pain. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In the absence of appropriate documentation, the request is not medically necessary according to the guidelines.

60 Tablets of Ibuprofen 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-68.

Decision rationale: The medical records document on 1/20/14 that the claimant complained of shoulder pain, left knee, foot and ankle pain, as well as pain about the base of the neck and interscapular area. According to Official Disability Guidelines, Ibuprofen is recommended at

400mg by mouth, every 4-6 hours as needed for mild to moderate pain. Therefore, the medical necessity of Ibuprofen is established and is certified based on the guidelines.