

Case Number:	CM14-0205451		
Date Assigned:	12/17/2014	Date of Injury:	06/03/2010
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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, 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 54 year old male with an injury date on 06/03/2010. Based on the 10/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Other Post-Surgical status other 2. Disturbance of skin sensation 3. Ankylosis of joint site unspecified 4. Other affections shoulder region NEC 5. Auricular Cartilage Disorder Shoulder region 6. Other spec D/O Rotator Cuff Syn Shoulder. According to this report, the patient complains of right shoulder pain and treatment plan is "right shoulder A&A, Per-op clearance/testing, P/O DME, Meds Tx." The 09/23/2014 report indicates patient complains of "right wrist pain is 5/10, throbbing and intermittent, with numbness and tingling. Right shoulder pain is 7/10, burning and throbbing. The pain increases with movement. There is weakness of the upper extremity and nighttime pain. "Pain is worse and symptoms are worsen-and we need a new MRI." Physical exam reveals limited range of motion of the right wrist and shoulder. Neer's test, cross over impingement, Hawkin's, Apley's test are positive. An MRI of the right shoulder on 10/27/2014 shows:1. Tear of the superior, anterosuperior, posterosuperior, posterior, and posteroinferior portions of the labrum that involves the biceps anchor and there are subcentimeter paralabral cysts adjacent to the posterior and inferior portions of the labrum 2. Mild tendinosis of the right supraspinatus tendon, and Mild osteoarthritis of the right acromioclavicular joint and a mildly anterolaterally downsloping orientation of the acromion. The utilization review denied the request for (1) Keflex #20, (2) Ultram #60, and (3) Norco #60 on 11/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/03/2014 to 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #20 1 capsule QID for 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Infectious Diseases Chapter

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 chapter: Cephalexin (Keflex®).

Decision rationale: According to the 10/30/2014 report, this patient presents with 5/10 right wrist pain and 7/10 right shoulder pain. The current request is for Keflex 500mg #20 1 capsule QID for 5 days but the treating physician's report containing the request is not included in the file. Regarding Cephalexin (Keflex), ODG guidelines under Infectious Diseases states "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. In reviewing the provided reports, the treating physician does not mention that the patient has cellulitis or skin wound infection and why patient needs Keflex. There is no documentation that the patient is scheduled for any surgery. ODG support the use of Keflex as first-line treatment for cellulitis and other conditions, which is not presented in this patient. The request is not medically necessary.

Ultram 50mg (Tramadol HCL) #60 1 tablet every 4-6 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 10/30/2014 report, this patient presents with 5/10 right wrist pain and 7/10 right shoulder pain. The current request is for Ultram 50mg (Tramadol HCL) #60 1 tablet every 4-6 hours as needed but the treating physician's report containing the request is not included in the file. 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 4A's (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. Review of the provided reports does not mention Ultram usage and it is unknown exactly when the patient initially started taking this medication. In this case, there is documentation of pain assessment using a numerical scale describing the patient's pain. However, there is no

documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.

Norco 5/325mg (Hydrocodone/APAP) #60 1 tablet 4-6 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: According to the 10/30/2014 report, this patient presents with 5/10 right wrist pain and 7/10 right shoulder pain. The current request is for Norco 5/325mg (Hydrocodone/APAP) #60 1 tablet 4-6 hours as needed but the treating physician's report containing the request is not included in the file. 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 4A's (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. Review of the provided reports does not mention Norco usage and it is unknown exactly when the patient initially started taking this medication. In this case, there is documentation of pain assessment using a numerical scale describing the patient's pain. However, there is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.