

Case Number:	CM14-0208429		
Date Assigned:	12/22/2014	Date of Injury:	03/11/2014
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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-year-old male with a date of injury of 03/11/2014. According to progress report dated 10/06/2014, the patient reports pain in his left shoulder and weakness. The patient is currently working modified duty with 10-pound maximum lifting restriction. On examination, range of motion is 107 degrees of forward flexion on the left and 180 degrees on the right. Abduction is more limited at 160 degrees versus 180 on the right. External rotation is 60 degrees versus 45 on the right. Internal rotation is 30 degrees versus 50 degrees on the right. Strength is 4/5 on abduction and forward flexion resistance. Internal rotation strength is also 4/5. The patient has discomfort with impingement test. There is discomfort with speed testing which appears to be in the joint. There is moderate tenderness over the AC joint on the left and not on the right. The listed diagnoses are:1. Left shoulder mass rotator cuff tear and glenohumeral pain.2. MRI evidence of mild degenerative arthritic changes. It was noted that [REDACTED] suggested that the patient may be a potential candidate for reverse shoulder arthroplasty. The treating physician states that the patient has two other options which include simple arthroscopic debridement, removal of debris, possible long head biceps tendinopathy, and possibly a Mumford procedure for his AC joint pain. This is a request for Levaquin, Protonix 20 mg, Bactroban ointment, and Hibiclens wash. The utilization review denied the request on 12/01/2014. The medical file provided for review includes progress reports from 05/13/2014, 06/10/2014, and 10/06/2014 which provide no discussion regarding the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 500mg x 30.: 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 National Guideline Clearinghouse www.guidelines.gov.

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for Levaquin 500 mg x30. Per www.guidelines.gov, the National Guideline Clearinghouse, "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. (Strength of evidence against prophylaxis = C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation.) (10-1-14)" MTUS, ACOEM and ODG guidelines are silent on the prophylactic use of antibiotics during orthopedic procedures. However, the National Guideline Clearinghouse does not recommend this for clean, orthopedic procedures without instrumentation or implantation of foreign materials. In this case, there is no documentation provided to indicate that the patient has been authorized for surgery. There is documentation that the patient may require surgery, but there is nothing in the records provided to indicate that surgery is medically necessary or has been authorized. Therefore, the current request for Levaquin 500 mg x30 is not medically necessary.

Protonix 20mg x60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for Protonix 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. This request is not medically necessary.

Bactroban ointment.: 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 drugs.com www.guidelines.gov.

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for Bactroban ointment. ACOEM, MTUS and ODG guidelines do not discuss Bactroban ointment. According to drugs.com Bactroban contains "Mupirocin, an antibiotic. Mupirocin prevents bacteria from growing on your skin. Bactroban is used to treat infections of the skin such as impetigo." Per www.guidelines.gov, the National Guideline Clearinghouse, "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. (Strength of evidence against prophylaxis = C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation.) (10-1-14)" MTUS, ACOEM and ODG guidelines are silent on the prophylactic use of antibiotics during orthopedic procedures. However, the National Guideline Clearinghouse does not recommend this for clean, orthopedic procedures without instrumentation or implantation of foreign materials. In this case, there is no documentation provided to indicate that the patient has been authorized for surgery. There is documentation that the patient may require surgery, but there is nothing in the records provided to indicate that surgery is medically necessary or has been authorized. Therefore, the current request for Bactroban ointment is not medically necessary.

Hibiclens wash.: 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 www.hibiclens.com/retail/education.

Decision rationale: This patient presents with chronic left shoulder pain. The current request is for Hibiclens wash. The medical file provided for review provides no discussion regarding this medication and the rationale for its request is unclear. The utilization review denied the request stating that, "The use of Hibiclens wash is not supported as a standard of care." The ACOEM, MTUS, and ODG Guidelines do not discuss this request. According to www.hibiclens.com/retail/education "Hibiclens antiseptic skin cleanser is an antimicrobial soap on the market." It further states that Hibiclens can be used as a daily skin cleanser routine or as a skin antiseptic as part of a preoperative plan. There is no indication that the patient has been approved for surgery and the ACOEM, MTUS and ODG guidelines provide no discussion regarding antiseptic skin cleansers. ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health

outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, there is no documentation provided to indicate that the patient has been authorized for surgery. There is documentation that the patient may require surgery, but there is nothing in the records provided to indicate that surgery is medically necessary or has been authorized. Therefore, the current request for Hibiclens wash is not medically necessary.