

<b>Case Number:</b>	CM14-0023197		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 43 year old female who sustained a work related injury to her right shoulder and right neck region on April 30, 2012. There was no mechanism of injury documented. Magnetic resonance imaging (MRI) of the shoulder (no date documented) demonstrated a partial tear of the rotator cuff according to the physician's progress report in December 2013. The injured worker was diagnosed with discogenic cervical condition with facet inflammation and left sided radiculopathy and right shoulder impingement syndrome. The patient continues to experience right shoulder, neck and arm pain along with sleep difficulty and headaches. According to the primary treating physician's progress report on January 8, 2014, the injured worker has received injections to the right shoulder without significant benefit. On examination there was tenderness along the rotator cuff with positive impingement sign. The acromioclavicular joint is positive with cross-arm test. Abduction is 90 degrees. An arthroscopic decompression and distal clavicle excision with evaluation of the rotator cuff procedure is pending without confirmation of surgical date noted. Current treatment modalities and medication consist of neck pillow, transcutaneous electrical nerve stimulation (TEN's) unit, hot and cold wrap, Ambien, Zofran and Neurontin. The physician requested authorization for Amoxicillin 875mg #20; RuJuveness (1 silicone sheeting to reduce scarring) post operatively. On January 22, 2014 the Utilization Review denied certification for Amoxicillin 875mg #20; RuJuveness (1 silicone sheeting to reduce scarring) post operatively. Since the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address RuJuveness alternate guidelines were referenced.

The Official Disability Guidelines (ODG) Infectious Disease was used in the decision process regarding Amoxicillin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RuJuveness (1 silicone sheeting to reduce scarring): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2918339/> The Efficacy of Silicone Gel for the Treatment of Hypertrophic Scars and Keloids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (O'Brien and Jones 2013) O'Brien, L. and D. J. Jones (2013). "Silicone gel sheeting for preventing and treating hypertrophic and keloid scars." Cochrane Database Syst Rev 9: CD003826.

**Decision rationale:** There are strong controlled studies supporting the safety and efficacy of silicone gel sheeting for preventing abnormal scarring.

**Amoxicillin 875mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 06/28/13) Amoxicillin (Amoxil)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amoxicillin tablet 875 mg - oral, Amoxil. [http://www.medicinenet.com/amoxicillin\\_tablet\\_875mg-oral/article.htm](http://www.medicinenet.com/amoxicillin_tablet_875mg-oral/article.htm)

**Decision rationale:** AMOXICILLIN TABLET 875 MG is a penicillin-type antibiotic used to treat a wide variety of bacterial infections. It works by stopping the growth of bacteria. This antibiotic treats only bacterial infections. It will not work for viral infections. There is no clinical evidence that the patient developed active bacterial infection sensitive to Amoxicillin.