MAXIMUS Federal Services

Case Number:	CM15-0004730		
Date Assigned:	01/16/2015	Date of Injury:	05/01/2012
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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 York
Certification(s)/Specialty: Neurological Surgery

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 49 year old female, who sustained an industrial injury on May 1, 2012. She has reported left shoulder pain. The diagnoses have included right shoulder pain, cervical pain, left shoulder impingement and rotator cuff tendinopathy. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, nerve conduction study, Transcutaneous Electrical Nerve Stimulation (TENS) unit, left shoulder arthroscopic subacromial decompression, physical therapy and oral medications. Currently, the IW complains of left shoulder pain. Treatment includes magnetic resonance imaging (MRI), Transcutaneous Electrical Nerve Stimulation (TENS) unit, approved left shoulder surgery, post-operative physical therapy, and oral medication.On December 29, 2014 utilization review non-certified a request for post-operative medication Tramadol 50mg #60 or Tramadol HCL ER 150mg #30, post-operative medication Anaprox 550mg #60 and post-operative medication Keflex 500mg #28. The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative medication Tramadol 50mg #60 or Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines Opiods for neuropathic pain Page(s): 97, 80, 82.

Decision rationale: Documentation shows this worker had already been prescribed an opiate. California MTUS guidelines do not recommend Tramadol and opiates as first line choices for neuropathic pain. The guidelines state they should be used alone or in combination with first line drugs. Thus this requested treatment: Post-operative medication tramadol 50 mg #60 or Tramadol HCL ER 150mg #30 is not medically necessary or appropriate.

Post-operative medication Anaprox 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines-Anaprox Page(s): 73.

Decision rationale: The California MTUS guidelines indicate Anaprox 550 should not exceed 1375 mg and 1100 mg on subsequent days. Thus the requested treatment Post-operative medication anaprox 550mg #60 to be taken twice a day is within the guidelines. This requested treatment is thus medically necessary and appropriate.

Post-operative medication Keflex 500mg #28: 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 Hip Replacement Chapter-Prophylaxis, antibiotic, Infectious disease Chapter-Keflex

Decision rationale: Keflex is a first line cephalorin antibiotic for cellulitis. Documentation does not show this worker has this problem. It has also been used in prophylaxis. The ODG Guidelines recommend for example one dose preoperatively or in close proximetry to the surgery on the hip. ODG guidelines do not recommend antibiotic treatment in non-infected wounds. Thus this requested treatment: Post-operative medication Keflex 500mg #28 is not medically necessary and appropriate.