

Case Number:	CM15-0137145		
Date Assigned:	07/27/2015	Date of Injury:	08/19/2009
Decision Date:	09/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old female, who sustained an industrial injury on August 19, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, back and bilateral shoulder complaints. The diagnoses have included cervical disc displacement, lumbar disc displacement and rotator cuff syndrome. Treatment and evaluation to date has included medications, radiological studies, MRI of the right shoulder, injections, home exercise program and left shoulder surgery. The injured worker was able to work with restrictions. Current documentation dated May 19, 2015 notes that the injured worker reported worsening right shoulder pain. The pain was worse with reaching and above-shoulder activity. The injured worker was status post left shoulder arthroscopy 12 months prior with significant improvement. Examination of the right shoulder revealed tenderness of the acromioclavicular joint, subacromial bursa and in the direction of the rotator cuff. Range of motion was decreased. Orthopedic testing including an impingement sign, Hawkin's test and O'Brien's test were positive. The treating physician recommended right shoulder surgery. The treating physician's plan of care included requests for post-operative Norco 10-325 mg, one every 6 hours and post-operative Keflex 500 mg, 1 four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg once every six hours: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized after musculoskeletal surgery for the treatment of post operative pain. The analgesic requirements in the post surgical period is significantly greater than the preoperative analgesic dosage levels. The records indicate that the patient is scheduled for right shoulder surgery. The criteria for the use of Norco 10/325mg once every six hours for the treatment of post operative right shoulder pain was medically necessary.

Keflex 500mg one four times a day: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized after musculoskeletal surgery for the prevention and treatment of post operative wound infection. The records indicate that the patient is scheduled for right shoulder surgery. The criteria for the use of Keflex 500mg one four times a day for the prevention and treatment of post operative right shoulder wound infection was medically necessary.