

<b>Case Number:</b>	CM15-0202159		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 53 year old female who sustained an industrial injury on 11-06-2014. Medical records indicated the worker was treated for a supraspinatus sprain-strain of the left shoulder. She had medication, acupuncture, work modification, physical therapy and work hardening. Her last physical therapy visit was 08-14-2015, and the following week she stated the weight of a 38 lb. box was too heavy for her, causing pain. On 09-11-2015 the worker had a MRI of the left shoulder with contrast that revealed a mid to posterior supraspinatus tendon bursal-sided and intrasubstance partial thickness tear, a moderate supraspinatus tendinosis, a partial thickness tear of anterior infraspinatus tendon, and a mildly frayed superior labrum. Also seen was a healing greater tuberosity fracture. In the provider notes of 09-2-2015 the worker is seen for re-aggravation of her left shoulder pain. Objective findings included tenderness in the greater tuberosity and pain with lifting above 90 degrees. She had weakness rated 4 out of 5, and there was restricted range of movement. The plan of care is for a left shoulder arthroscopy, subacromial decompression, and possible RTC repair. Bactroban ointment was prescribed to reduce the risk of methicillin-resistant Staphylococcus aureus (MRSA). A request for authorization was submitted for Bactroban ointment 2%, 22g apply to nasal canal twice daily. A utilization review decision issued 10-02-2015 modified the request to approve Bactroban ointment 2% 22g apply to nasal canal twice daily #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bactroban ointment 2%, 22g apply to nasal canal twice daily:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation dynamed.com, Bactroban.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Bactroban. Guideline state: Indicated for Impetigo. There is no documentation that the patient has a current MRSA infection. According to the clinical documentation provided and current guidelines; Bactroban is not indicated as a medical necessity to the patient at this time.