

Case Number:	CM15-0213584		
Date Assigned:	11/03/2015	Date of Injury:	01/24/2010
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old female, who sustained an industrial injury on 01-24-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder rotator cuff tear (status-post surgical repair), osteoarthritis of the right acromioclavicular (AC) joint, tendinosis of the supraspinatus and infraspinatus tendons bilaterally, left wrist sprain, right shoulder arthralgia, right AC joint arthrosis, possible left scaphoid fracture, and high cholesterol. Medical records (04-03-2015 to 09-23-2015) indicate ongoing right shoulder pain. Pain levels were not rated in severity on a visual analog scale (VAS), but were reported to be moderate in intensity. Records also indicate no changes in activity levels or improvement in function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-23-2015, revealed surgical incisions that were reported to be healing well without signs of infection. Relevant treatments have included: right shoulder surgery (09-18-2015), physical therapy (PT), work restrictions, and pain medications (Norco since 2012). There was no discussion of urine drug screening or aberrant behaviors. The request for authorization (10-08-2015) shows that the following medications were requested: clindamycin HCL #9, and Norco 10-325mg #120. The original utilization review (10-15-2015) non-certified the request for clindamycin HCL #9, and partially approved the request for Norco 10-325mg #120 which was modified to #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clindamycin HCL #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Garey et al. J Antimicrob Chemother 2006; 58: 645-650; Weber et al. Annals of Surgery 2008; 247: 918-926.

Decision rationale: Antibiotics are recommended prophylactically for orthopedic procedures such as the right shoulder arthroscopic procedure the IW underwent on 9/23/15; clindamycin is an appropriate choice as the patient has a penicillin allergy. However, according to published guidelines, prophylactic antibiotic protocol is usually initiated prior to surgical incision and is completed within 24 hours of the surgical procedure. This means that 3 dosings of clindamycin would be appropriate as it is dosed every 8 hours. Therefore, the requested 9 dosings over a three day period is not clinically necessary for post-surgical antibiotic prophylaxis.

1 prescription of Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication Norco. VAS score are not reported and there is no noted improvement in objective physical exam findings or functional capacity. There is no mention of clinical efficacy and there is no report of safe medication practice such as regular screening for abuse, side effects or tolerance. Consequently, the medical records and guidelines as being medically necessary do not support continued use of short acting opioids.