

Case Number:	CM15-0037326		
Date Assigned:	03/05/2015	Date of Injury:	08/21/2014
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: Connecticut, California, Virginia
 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 53-year-old male, who sustained an industrial injury on 08/21/2014. He has reported that while he was lifting boxes and crates he noted right shoulder pain. Diagnoses include impingement syndrome of the right shoulder and acromioclavicular arthrosis of the right shoulder. Treatment to date has included right subacromial cortisone injection, use of ice, anti-inflammatories, a home exercise program, magnetic resonance imaging of the right shoulder, and physical therapy. In a progress note dated 02/03/2015 the treating provider reports anterolateral shoulder pain that increases with pushing, pulling, and reaching, along with associated symptom of weakness. The documentation provided did not include the requested medications of Norco/Ultracet and Keflex/Augmentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Ultracet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. The case concerns a 53-year-old male with the most recent provided documents indicating that an orthopedist is awaiting approval to perform a subacromial decompression and distal clavicle resection due to failed conservative management of a shoulder injury. The medications requested are not mentioned in the provided documents, and the utilization review documents provided have no additional information or explanation regarding a request or subsequent non-certification. While it seems likely that both the antibiotics and pain medications could feasibly be requested as part of post-operative management, without documentation, medical review can not support the medical necessity of either request. In this case, elaboration on the requests is required in order to render an opinion. Given the lack of details and incomplete documentation provided, the request is not considered medically necessary.

Keflex/Augmentin: 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 There is no evidence of a request for Keflex/Augmentin in the provided documents.

Decision rationale: The case concerns a 53-year-old male with the most recent provided documents indicating that an orthopedist is awaiting approval to perform a subacromial decompression and distal clavicle resection due to failed conservative management of a shoulder injury. The medications requested are not mentioned in the provided documents, and the utilization review documents provided have no additional information or explanation regarding a request or subsequent non-certification. While it seems likely that both the antibiotics and pain medications could feasibly be requested as part of post-operative management, without documentation, medical review can not support the medical necessity of either request. There is no evidence of infection in any of the provided documents that would warrant treatment with antibiotics at this time.