

Case Number:	CM15-0082691		
Date Assigned:	05/05/2015	Date of Injury:	03/05/2013
Decision Date:	06/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female with an industrial injury dated 3/05/2013. The injured worker's diagnoses include left shoulder impingement status post-surgery, including left shoulder rotator cuff repair on 7/31/2013 with persistent symptomatology and chronic pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/15/2015, the treating physician reported that the injured worker was scheduled for left shoulder arthroscopy decompression, modified Mumford procedure, evaluation of labrum and bicep tendon and repair for 4/20/2015. Objective findings revealed tenderness along the left shoulder, rotator cuff and bicep tendon and mid weakness against resistance with shoulder abduction and external rotation. Treatment plan consisted of preoperative evaluation and medication management. The treating physician prescribed Topiramate 50mg and Keflex 500mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-21.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for left shoulder pain. When seen, left shoulder arthroscopy was being planned. Current medications were tramadol, trazodone, and Flexeril. Authorization for Topamax and Keflex as part of her postoperative management was requested. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain due to nerve damage. Topiramate has been shown to have variable efficacy. In this case, the claimant is being treated for chronic shoulder pain. There is no current diagnosis of neuropathic pain. The prescribing of topiramate was not medically necessary.

Keflex 500mg quantity 28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Keflex Prescribing Information.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for left shoulder pain. When seen, left shoulder arthroscopy was being planned. Current medications were tramadol, trazodone, and Flexeril. Authorization for Topamax and Keflex as part of her postoperative management was requested. Keflex (cephalexin) is indicated for the treatment of infections caused by bacteria susceptible to its use. In this case, the claimant has no evidence of current infection either clinically or by lab testing. Therefore, Keflex was not medically necessary.