

Case Number:	CM14-0145482		
Date Assigned:	09/12/2014	Date of Injury:	05/31/2000
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female with a 5/3/00 date of injury. A specific mechanism of injury was not described. According to a 7/7/14 report, the patient was approximately 3 months status post arthroscopic surgery to the left shoulder with significant improvement. She had no further pain in her left shoulder. She had constant severe pain in her right shoulder. The right shoulder revealed hypertrophic changes at the acromioclavicular joint. There is tenderness at the acromioclavicular joint, tenderness at the subacromial region and in the direction of the rotator cuff. Impingement sign is positive. Hawkins' test is also positive. Due to a lack of improvement with conservative treatment, the provider recommended arthroscopic surgery. Diagnostic impression: sprain shoulder/arm NOS. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/5/14 denied the requests for post op Keflex and post op Norco. It is noted that the contemplated surgery has not been authorized. With regards to Norco, postoperative pain assessment of this patient was not provided in order to justify the need for opioid medications. With regards to Keflex, it is unclear why this patient would need postoperative antibiotic use when there is no evidence provided of postoperative infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Keflex: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/17210420>

Decision rationale: CA MTUS and ODG do not address this issue. Peer-reviewed literature states that there is no value in administering antibiotics before routine arthroscopic surgery to prevent joint sepsis. According to the 8/5/14 UR decision, the request for surgery has been authorized. However, there is no information provided regarding the patient's post-operative condition. There is no documentation noting that the patient has an infection or rationale provided regarding why the patient requires an antibiotic. In addition, the strength and quantity of medication requested were not noted. Therefore, the request for Post Op Keflex was not medically necessary.

Post Op Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines General Approaches Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. According to the 8/5/14 UR decision, the request for surgery has been authorized. However, there is no information provided regarding the patient's post-operative condition. There is no documentation regarding the patient's pain level or rationale provided as to why the patient requires opioid treatment after surgery. In addition, the strength and quantity of medication requested were not noted. Therefore, the request for Post-Op Norco was not medically necessary.