

Case Number:	CM14-0021774		
Date Assigned:	05/07/2014	Date of Injury:	07/05/2013
Decision Date:	09/22/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

The underlying date of injury in this case is 07/05/2013. The initial utilization review date was 01/20/2014. On 12/20/2013, the patient was seen in a primary treating physician orthopedic evaluation regarding degenerative changes of the right acromioclavicular joint and a small, partial-thickness tear of the right distal supraspinatus. At that time, surgery was proposed to include arthroscopy of the right shoulder with a subacromial debridement and a distal clavicle resection. Tramadol and Norco were requested for postoperative pain, and Keflex was requested for surgical prophylaxis. On 01/20/2014, an initial physician review noted that the surgical procedure had not been approved and that the requested postoperative or perioperative medications therefore were not medically necessary. An orthopedic followup done on 07/03/2014 indicates the patient ultimately did undergo right shoulder arthroscopy on 04/30/2014 with subacromial decompression and distal clavicle excision and biceps tendon release, and the patient felt he was improving as of that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

KEFLEX 500MG 20 COUNT: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: FDA Approved Labeling Information for Keflex.

Decision rationale: Keflex is a cephalosporin antibiotic with indications including surgical prophylaxis. This medication was not approved at the time of a prior peer review because surgery had not been approved. The patient's shoulder surgery was ultimately approved. Therefore, retrospectively this medication was supported by the guidelines, and is therefore medically necessary.

NORCO 10/325MG 60 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, states that the lowest possible dose of opioids should be prescribed to improve pain and function. Opioid prescriptions were denied at the time of the prior physician review because at that time surgery to the shoulder had not yet been approved. Subsequently the surgery was approved. Opioid analgesia is appropriate in the perioperative time frame. Therefore, this request is supported by the guidelines, and is medically necessary..

TRAMADOL 50MG 60 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, states that the lowest possible dose of opioids should be prescribed to improve pain and function. Opioid prescriptions were denied at the time of the prior physician review because at that time surgery to the shoulder had not yet been approved. Subsequently the surgery was approved. Opioid analgesia is appropriate in the perioperative time frame. Therefore, this request is supported by the guidelines and is medically necessary.