

<b>Case Number:</b>	CM14-0215765		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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

Certification(s)/Specialty: Emergency 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:

This is a 48 year old male with a work injury dated 02/11/2012 when he was picking up parts of a plasma machine off the floor. The IW noted his knees "cracked" and he had pain. He also reported pain in right shoulder. The IW continued working and later he grabbed parts from the machine placing them above his head carrying them while walking over to the carts. At that time he felt pain and a popping sensation in his right shoulder. After he placed the parts down his right shoulder pain became worse. At the time of the evaluation dated 10/21/2014 the IW complained of right shoulder pain radiating down to his right hand, intermittent swelling of the right hand and bilateral knee pain. Physical examination of the left and right shoulder revealed crepitus, abnormal scapula-thoracic motion, anterior gross tenderness, positive ACJ cross body adduction, anterior trigger points and rhomboids muscle spasms on the right shoulder. Neer, Hawkins, abduction and supraspinatus tests were positive on the right shoulder. General muscle weakness secondary to pain was noted on the right shoulder. Passive range of motion was within normal limits. There was right rotator cuff tendonitis. MRI of the right shoulder dated 08/28/2014 showed:- Fluid in the sub-deltoid and glenohumeral joint spaces- Moderate Impingement- Tendinosis and edema of the rotator cuff with a partial tear of the rotator cuff in the region of the supraspinatus tendon beneath the acromioclavicular joint. Medical history includes diabetes and high blood pressure. Surgical history includes left knee meniscus arthroscopy, hernia surgery and bilateral knee surgery. On 11/13/2014 the provider requested operative arthroscopy, possible arthrotomy with repair rotator cuff, subacromial decompression, acromioplasty with Mumford procedure right shoulder which was approved. In addition the

provider requested Keflex 500 mg every 8 hours # 15 and Flexeril 10 mg three times a day # 40. On 11/20/2014 utilization review issued a decision to non-certify Keflex 500 mg every 8 hours # 15 stating: "Contact with the provider indicates that he wishes to avoid infection with the use of this medication; however without any medical risk factors or documentation of signs and symptoms of infection, the use of Keflex is not supported as a standard of care." Flexeril 10 mg three times a day was also not certified stating: "Contact with the provider indicates that the provider wishes to use post-operative medications for two weeks and then discontinue the post-operative medication. However there is no clear documentation of muscle spasms and tension, as well as documentation identifying an expectation that spasms are likely to occur." The following guidelines were cited for Keflex: Sanford Guide to Antimicrobial Therapy 2013, 43rd edition, last updated 01/01/2013 pages 192-196, Table 15 B and ODG-TWC Infectious Diseases Procedure Summary last updated 06/26/2014. Guidelines cited for Flexeril: MTUS, Chronic Pain Medical Treatment Guidelines and ODG-TWC Pain Procedure Summary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Keflex 500mg # 15:** 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, 43rd Edition Authors: Gilbert, David MD, Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD, last updated 01/01/13, pages 192-196, and on the Official Disability Guidelines ODG-TWC , Infectious Diseases Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA; Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3):195-283

**Decision rationale:** There are no sections in the MTUS Chronic pain, ACOEM or Official Disability Guidelines concerning this issue. Antibiotics may be given for postoperative prophylaxis for infections. Provider prescribed the medication for post-operative prophylaxis. As per clinical practice guideline as quoted above, prophylactic antibiotics are usually only recommended as single dose or less than 24hours. The number of tablets prescribed is not appropriate. Keflex is not medical necessary.

#### **Flexeril 10mg # 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. Patient has no muscle spasms. Prescription for potential muscle spasms post-operatively is not medically indicated. Flexeril is not medically necessary.