

<b>Case Number:</b>	CM15-0026276		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California

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 56 year old male who sustained a work related injury on August 6, 2009, after holding back 6 falling tables. He was diagnosed with a right shoulder partial-thickness rotator cuff tear and a right shoulder glenoid labral tear. Treatment included physical therapy, steroid injections, and pain medications. Currently, the injured worker complained of ongoing shoulder and upper back pain. A right arthroscopic subacromial decompression surgery was performed. On January 30, 2015, a request for one prescription of Tramadol HCL ER 150mg, #30; one prescription for Norco 10/325mg, #60; and one prescription for Keflex 500mg, #28 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines. Tramadol #60 was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Tramadol HCL ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for tramadol ER, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, a separate request for short-acting tramadol was certified and there is no clear rationale for multiple opioids in the management of acute postoperative pain, as this would be redundant. In light of the above, the currently requested tramadol ER is not medically necessary.

**Post Op Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for Norco, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, a separate request for short-acting tramadol was certified and there is no clear rationale for multiple opioids in the management of acute postoperative pain, as this would be redundant. In light of the above, the currently requested Norco is not medically necessary.

**Post Op Keflex 500mg #28:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=39533>.

**Decision rationale:** Regarding the request for Keflex, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine identified clinical practice guidelines for antimicrobial prophylaxis in surgery, which noted that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures. Within the documentation available for review, there is no rationale identifying the medical necessity of the request despite the recommendations of the guidelines noted above. In light of the above issues, the currently requested Keflex is not medically necessary.