

Case Number:	CM15-0066234		
Date Assigned:	04/14/2015	Date of Injury:	04/03/2014
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 66-year-old who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of April 30, 2014. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for Augmentin and LidoPro. A March 28, 2014 RFA form and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 15, 2015, Naprosyn, Protonix, tramadol, Flexeril, Lunesta, and a TENS unit were endorsed. It was suggested that the applicant was not working. On March 29, 2015, the applicant reported multifocal complaints of neck, shoulder, hand, and knee pain. Authorization was sought for a shoulder arthroscopy-decompression procedure to include rotator cuff repair surgery, preoperative laboratory testing, ten days of postoperative Augmentin, Zofran, Topamax, topical LidoPro, and a shoulder immobilizer to use postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin/Clavulnate 875 mg Qty 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious Diseases (online version) - Augmentin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rockwood and Matsen's The Shoulder, 2 Volume Set: Expert Consult - Online and Print, 4e (Shoulder (Rockwood/Matsen) (2 Vol.)) Hardcover - February 16, 2009 by Charles A. Rockwood Jr. MD (Author), Frederick A. Matsen III MD (Author), Michael A. Wirth MD (Author), Steven B. Lippitt MD (Author).

Decision rationale: No, the request for Augmentin (amoxicillin-clavulanate) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of perioperative antibiotic usage. While the textbook The Shoulder notes in Chapter 19, "Complications of Shoulder Arthroscopy, page 912 that it is 'cost beneficial' to routinely use antibiotic prophylaxis in the form of a 'single preoperative dose of antibiotic' for arthroscopic shoulder procedures." In this case, however, the 20-tablet, 10-day course of Augmentin implies usage well in excess of the 'single preoperative dose' of antibiotics suggested in the textbook "The Shoulder." Therefore, the request is not medically necessary.

Lidopro Patches Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine, menthol and - DailyMed dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid.94b9. LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro patches was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, Menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerance of other treatments. Here, however, the applicant was described on March 29, 2015 as using Topamax, muscle relaxants, Norco, Flexeril, and various other first-line oral pharmaceuticals, effectively obviating the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.