

Case Number:	CM15-0069357		
Date Assigned:	04/20/2015	Date of Injury:	11/06/2007
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 47 year old male, who sustained an industrial injury on 11/6/07. He reported right shoulder injury. The injured worker was diagnosed as having shoulder dislocation. Treatment to date has included chiropractic treatment, oral medications including opioids, activity restrictions and physical therapy. Currently, the injured worker complains of right shoulder pain. The injured worker states the medications keep him functional. Physical exam noted impingement of right shoulder with restricted range of motion. The treatment plan included continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxycycline hyclate 100mg #28: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: drug information doxycycline.

Decision rationale: Doxycycline is a tetracycline derivative antibiotic used in the treatment of a variety of infections. The available medical records do not document any evidence of an infection in the bone, skin or urine to justify use of this medication. There are no vitals or physical exam findings suggestive of acute infection. The medical records do not provide medical necessity to substantiate the prescription of doxycycline. Therefore is not medically necessary.

Ciprofloxacin HCL 500mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: drug information ciprofloxacin.

Decision rationale: Ciprofloxacin is a fluoroquinolone antibiotic used in the treatment of a variety of infections. The available medical records do not document any evidence of an infection in the bone, skin or urine to justify use of this medication. There are no vitals or physical exam findings suggestive of acute infection. Additionally, ciprofloxacin is associated with increased risk of tendinitis and tendon rupture. The medical records do not provide medical necessity to substantiate the prescription of ciprofloxacin. Therefore is not medically necessary.