

<b>Case Number:</b>	CM13-0050735		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left shoulder pain reportedly associated with an industrial contusion injury of August 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; left shoulder arthroscopy; and extensive periods off work, on total temporary disability. In a utilization review report of October 31, 2013, the claims administrator denied a request for ciprofloxacin and prednisone apparently already administered on April 2, 2013. The applicant's attorney subsequently appealed. A later note of October 15, 2013 is notable for comments that the applicant is off work, on total temporary disability. The applicant was alleging pain about the contralateral shoulder, it was further noted. On May 10, 2013, the applicant underwent a left shoulder arthroscopy, subacromial decompression, debridement, synovectomy, claviclectomy, and manipulation under anesthesia procedure. An earlier note of March 26, 2013 is notable for comments that the applicant has diabetes and is planning to undergo shoulder arthroscopy. Preoperative clearance takes place on May 8, 2013. There is no mention made of Cipro on either date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ciprofloxacin (DOS 4/2/13): Upheld**

**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 FDA.

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ciprofloxacin can be employed in the treatment of various infectious conditions, including urinary tract infections, uncomplicated cystitis, bacterial prostatitis, lower respiratory tract infections, sinusitis, complicated intra abdominal infections, etc. In this case, however, no rationale or clinical progress note was attached to the request for authorization. As noted above, the applicant underwent surgery over a month later on May 10, 2013. It did not appear that Cipro was being prescribed for surgical prophylactic purposes as the prescription in question was issued over a month before the date of surgery. It is further noted that there was no mention made of Cipro usage on any progress note provided or on the pre-operative clearance report. It was not clearly stated why Cipro was being prescribed. There was no mention of any infectious condition for which usage of Cipro would have been indicated. Therefore, the request is retrospectively not medically necessary.

**Retrospective Prednisone (DOS 4/2/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not specifically discuss the topic of oral steroid usage. Similarly, the MTUS Guideline in ACOEM Chapter 9 also does not discuss oral corticosteroid usage. The MTUS-adopted ACOEM Guidelines in Chapter 12 Table 12-8 note that oral corticosteroids are "not recommended." In this case, no applicant specific rationale was attached to the request for authorization. It was not clearly stated why prednisone is being furnished here. The attending provider did not mention usage of prednisone on any progress notes surrounding the date in question. Therefore, the request is not medically necessary owing to lack of supporting information.