

Case Number:	CM14-0073730		
Date Assigned:	07/16/2014	Date of Injury:	08/11/2005
Decision Date:	09/21/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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: Physical Medicine & Rehabilitation

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 58-year-old male who sustained an industrial injury on 8.11.05 from lifting with the onset of low back pain followed by radiation of back pain down the right lower extremity. He was medically evaluated and diagnosed with lumbar strain and right sciatica. He had some physical therapy, was on multiple medications and was seen by psychiatry. He currently complains of pain at the anterior, posterior and lateral aspect of his shoulder. His pain level was 10 out of 10. Medications were Capsaicin 0.75% cream; Ketamine 5% cream; fluoxetine. Diagnoses include post-laminectomy syndrome, lumbar; lumbar disc displacement without myelopathy, status post bilateral L3-5 decompression; major depression, recurrent; degenerative lumbar disc disease; depression. Treatments to date include medications; lumbar epidural steroid injections; transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the lumbar spine (3.30.06) showing disc protrusion, degenerative changes and grade 1 retrolisthesis; MRI of the left shoulder (11.23.11) showing tendinosis; MRI of the right shoulder (11.23.11) showing tendinosis and bursal surface fray, partial tear, degenerative changes, osteoarthritis. In the progress note dated 5.5.14 the treating provider's plan of care includes requests for new MRI of the right shoulder to further evaluate his rotator cuff as well as his biceps to help in planning of his right shoulder arthroscopy, his last MRI was from 2011; prescriptions for post-operative medications. On 5.13.14 Utilization review reviewed the request for Keflex 500 mg #2; Erythromycin 500 mg #2; Valium 5 mg #30 in addition to the MRI of the right shoulder as mentioned above.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient presents on 05/28/15 with unrated chronic pain in the lower back and bilateral shoulders. The patient's date of injury is 08/11/05. Patient is status post bilateral L3-L5 decompression at a date unspecified, and status post lumbar ESI at dates unspecified. The request is for MRI of the right shoulder without contrast. The RFA is dated 05/05/14. Physical examination dated 05/28/15 does not include any abnormal examination findings, only a review of systems, patient history, and imaging. The patient is currently prescribed topical Capsaicin and topical Ketamine. Diagnostic imaging included right shoulder MRI dated 11/25/11, significant findings include: "fraying/partial tearing of the supraspinatus tendon, chronic partial tearing of the intra-articular portion of the long head of the biceps tendon, posterior labrum degeneration and fraying, acromioclavicular osteoarthritis." Patient's current work status is not provided. ODG Shoulder Chapter, under Magnetic Resonance Imaging has the following: "Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. . . Subacute shoulder pain, suspect instability/labral tear. . . Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In regard to the request for a repeat MRI study of the right shoulder, the patient does not meet guideline criteria. Per RFA dated 05/05/14, the requested MRI imaging was a pre-operative measure prior to a right shoulder surgery, which was scheduled to take place on 05/08/14. Per progress note dated 05/28/15, the surgery to the right shoulder was not carried out owing to renal insufficiency which was discovered during pre-operative labs. This patient presents with significant bilateral shoulder pain, however did undergo a right shoulder arthroscopy in the past, on 11/25/11 - with evidence of joint pathology. Official disability guidelines do not support repeat MRI imaging of the shoulders unless the patient presents with a significant change in symptoms or in patient's whose physical examination findings suggest significant pathology or decline; the guidelines do not address pre-

operative MRI imaging. In this case, the physical examination findings do not demonstrate significant pathology, and the procedure associated with the request was not carried out. Without physical examination findings indicative of a significant pathology or evidence of recent re-injury, the requested imaging study cannot be substantiated. The request IS NOT medically necessary.

Keflex 500mg #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthopedic Procedures: Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. 1999 Sep 15 (Revised 2013 Feb 1).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases under Cephalexin (Keflex®) and Other Medical Treatment Guidelines www.guidelines.gov: the National Guideline Clearinghouse, Antimicrobial prophylaxis.

Decision rationale: The patient presents on 05/28/15 with unrated chronic pain in the lower back and bilateral shoulders. The patient's date of injury is 08/11/05. Patient is status post bilateral L3-L5 decompression at a date unspecified, and status post lumbar ESI at dates unspecified. The request is for Keflex 500MG #2. The RFA is dated 05/05/14. Physical examination dated 05/28/15 does not include any abnormal examination findings, only a review of systems, patient history, and imaging. The patient is currently prescribed topical Capsaicin and topical Ketamine. Diagnostic imaging included right shoulder MRI dated 11/25/11, significant findings include: "fraying/partial tearing of the supraspinatus tendon, chronic partial tearin, Regarding Cephalexin (Keflex), ODG guidelines under Infectious Diseases states "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive S. aureus, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." According to www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." In regard to the request for post-operative antibiotics, such measures are not necessary as the patient never underwent any surgical procedure. Per progress note dated 05/05/15, the provider states that Keflex and Erythromycin were given to the patient during an office visit as a prophylactic measure to be taken after completion of a scheduled right shoulder surgery on 05/08/15. Per progress note dated 05/28/15, the patient never underwent the procedure due to renal insufficiency discovered during the pre-operative labs. While the true nature of the planned procedure was not provided, the national guidelines clearinghouse does not support antimicrobial prophylaxis for procedures, which lack instrumentation or implantation of foreign materials. Owing to the fact that the associated procedure was never carried out, lack of guideline support for anti-microbial prophylaxis for arthroscopic procedures without instrumentation, and without evidence of an active infection or other condition for which antibiotic therapy would be required, the request cannot be substantiated. The request IS NOT medically necessary.

Erythromycin 500mg #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthopedic Procedures: Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. 1999 Sep 15 (Revised 2013 Feb 1).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov, the National Guideline Clearinghouse, Antimicrobial prophylaxis.

Decision rationale: The patient presents on 05/28/15 with unrated chronic pain in the lower back and bilateral shoulders. The patient's date of injury is 08/11/05. Patient is status post bilateral L3-L5 decompression at a date unspecified, and status post lumbar ESI at dates unspecified. The request is for Erythromycin 500mg #2. The RFA is dated 05/05/14. Physical examination dated 05/28/15 does not include any abnormal examination findings, only a review of systems, patient history, and imaging. The patient is currently prescribed topical Capsaicin and topical Ketamine. Diagnostic imaging included right shoulder MRI dated 11/25/11, significant findings include: "fraying/partial tearing of the supraspinatus tendon, chronic partial tearing of the intra-articular portion of the long head of the biceps tendon, posterior labrum degeneration and fraying, acromioclavicular osteoarthritis " Patient's current work status is not provided. MTUS and ODG are silent on Erythromycin. According to www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation. " In regard to the request for post-operative antibiotics, such measures are not necessary as the patient never underwent any surgical procedure. Per progress note dated 05/05/15, the provider states that Keflex and Erythromycin were given to the patient during an office visit as a prophylactic measure to be taken after completion of a scheduled right shoulder surgery on 05/08/15. Per progress note dated 05/28/15, the patient never underwent the procedure due to renal insufficiency discovered during the pre-operative labs. While the true nature of the planned procedure was not provided, the national guidelines clearinghouse do not support antimicrobial prophylaxis for procedures which lack instrumentation or implantation of foreign materials - this patient was scheduled to undergo arthroscopic right shoulder surgery. Owing to the fact that the associated procedure was never carried out, lack of guideline support for anti-microbial prophylaxis for arthroscopic procedures without instrumentation, and without evidence of an active infection or other condition for which antibiotic therapy would be required, the request cannot be substantiated. The request IS NOT medically necessary.

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents on 05/28/15 with unrated chronic pain in the lower back and bilateral shoulders. The patient's date of injury is 08/11/05. Patient is status post bilateral L3-L5 decompression at a date unspecified, and status post-lumbar ESI at dates

unspecified. The request is for VALIUM 5MG #30. The RFA is dated 05/05/14. Physical examination dated 05/28/15 does not include any abnormal examination findings, only a review of systems, patient history, and imaging. The patient is currently prescribed topical Capsaicin and topical Ketamine. Diagnostic imaging included right shoulder MRI dated 11/25/11, significant findings include: "fraying/partial tearing of the supraspinatus tendon, chronic partial tearing of the intra-articular portion of the long head of the biceps tendon, posterior labrum degeneration and fraying, acromioclavicular osteoarthritis." Patient's current work status is not provided. MTUS guidelines state on page 24 that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. "In regard to the request for Valium, the treater has not provided a reason for the request. There is no evidence in the records provided that this patient has been prescribed Benzodiazepine-class medications in the past. It appears that the provider intended for this medication to be utilized as a post-operative measure, though the associated procedure was never carried out due to this patient's renal insufficiency. Additionally, MTUS guidelines indicate that anti-depressant medications are more appropriate for anxiety disorders as tolerance to Benzodiazepines develops quickly and this class of medications carries increased risk of complications. Owing to the fact that the associated procedure was never carried out, and the fact that this class of medications has a high risk of dependence and low-grade efficacy for anxiety, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.