

Case Number:	CM13-0041721		
Date Assigned:	12/20/2013	Date of Injury:	11/02/2009
Decision Date:	02/25/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Management, and has a subspecialty in Interventional Spine 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 physician 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 patient is a 53 year old female with a date of injury of 11/02/2009. The listed diagnoses per [REDACTED] dated 08/23/2013 are: § Bilateral upper extremity overuse tendinopathy § C5-C6 disc herniation with radiculopathy § L4-L5 herniated disc with ride-sided radiculopathy § Bilateral CTS § Bilateral epicondylitis § Right/Left shoulder impingement syndrome § Depression, anxiety, insomnia According to report dated 08/05/2013 by [REDACTED], patient continues to have persistent neck as well as bilateral upper extremity pain and symptomatology. Patient reports locking and instability in her lower extremities as well. Examination of the left wrist showed decreased ROM and intrinsic muscle weakness in the ulnar and median nerves. Examination of lumbar spine showed pain over paraspinal musculature and the spinous of the lower back. There was positive sciatic notch tenderness on the left side. EMG dated 02/26/2013 showed moderate left carpal tunnel syndrome. Report noted patient is status post right carpal tunnel release. Utilization review dated 09/04/2013 approved request for left carpal tunnel release. The Provider is requesting psychiatric consult, Aqua therapy, Zofran-post op, Duracef-post op, Norco- post op, Sumatriptan Succinate and Exoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. The Provider is requesting patient undergo psychiatric consultation secondary to her symptoms of insomnia, anxiety and depression. Medical records show that patient is already seeing a psychiatrist at [REDACTED]. AME report dated 05/14/2013, states "since my last evaluation she has continued to see a psychiatrist at [REDACTED]". The Provider does not explain why this patient needs to see another psychiatrist. Given that the patient is already under the care of a Psychiatrist, the request for a psychiatric consult is not recommended.

Aquatic Therapy; eight sessions 2x4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. The Provider requests aquatic therapy for the lumbar spine two times per week for four weeks. Report dated 08/05/2013 reports patient is currently attending physical therapy and requests aqua therapy x 8. Physical therapy notes were not provided for review and there is no indication of how many sessions patient has received. It is unclear as to why concurrent aqua therapy is needed for the lumbar spine. Additionally, this patient does not require reduced weight bearing as she does not present with any diagnosis that would require weight bearing restrictions. Recommendation is for denial.

Post-operative medication: Zofran: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondanestron-and-dextrose.html>Indications.

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

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. Utilization review dated 09/04/2013 approved request for left carpal tunnel release. The Provider is requesting Zofran to help in the postoperative period against nausea. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran®): is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for

postoperative use. Given patient's authorization for Carpal tunnel release, post-operative Zofran may be warranted for possible nausea. Recommendation is for approval.

Post-Operative medication: Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cefadroxil.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harness NG1, Inacio MC, Pfeil FF, Paxton LW. Rate of infection after carpal tunnel release surgery and effect of antibiotic prophylaxis. J Hand Surg Am. 2010 Feb;35(2):189-96. doi: 10.1016/j.jhsa.2009.11.012.

Decision rationale: Review of the recently published report on [REDACTED]. 2010 Feb;35(2) issue indicates that infection rate following carpal tunnel release is quite low and antibiotic prophylactic use is not recommended. Therefore, it does not appear that prophylactic use of antibiotics are indicated for post-operative management following carpal tunnel release.

Post-Operative medication Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88 and 89.

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. Utilization review dated 09/04/2013 approved request for left carpal tunnel release. The Provider is requesting Norco for post-operative "pain relieve so that there is no gap when the patient goes home". For post-operative pain, it is reasonable to use a short course of opiates. However, the review of the utilization report shows that #30 of Norco was authorized from unspecified number of Norco requested. Request for medication without dosing and quantity cannot be considered for authorization. MTUS guidelines require careful monitoring of these medications for efficacy and response. Without dosing information, such is not possible. Recommendation is for denial of unspecified amount of Norco.

Sumatriptan succinate tablets 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/sumatriptan.html>

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

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. The Provider requests Sumatriptan Succinate 50mg #9 for patient's headaches.

MTUS, ACOEM guidelines do not discuss this medication but ODG guidelines states that Triptans are recommended for migraine sufferers. This patient does not suffer from migraines, which Sumatriptan is indicated for. Recommendation is for denial.

Exoten-C pain relief lotion 20%, 10%, 0.002%, 113.4gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with continued pain in the neck, back and bilateral upper extremities. The Provider requests Exoten-C pain relief lotion. Exoten-C is a compound topical cream that contains Gabapentin, Ketoprofen and lidocaine. MTUS page 111 regarding topical analgesics states, "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". One of the ingredients in the compound medicine, Gabapentin, is specifically not recommended by MTUS guidelines; therefore the entire compound medicine is not recommended.