

Case Number:	CM14-0000464		
Date Assigned:	01/10/2014	Date of Injury:	05/13/2013
Decision Date:	04/22/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of May 13, 2013. A utilization review determination dated December 18, 2013 recommends modified certification of Keflex and Norco. Keflex was modified to recommends 7 day treatment as opposed to 10 day treatment, and Norco was modified to recommend no refills due to the usual short duration of postoperative pain for this patient's condition. A progress report dated November 21, 2013 identifies subjective complaints including numbness of the fingers in the right hand, pain and electrical sensation in the right wrist, pain from the right elbow down to the wrist and fingers and up to the shoulder and neck, electrical shocking sensations in the right elbow, limited range of motion of the right wrist, weakness of the right hand, dropping objects with the right hand, and difficulties in gripping and grasping activities with the right hand. Objective examination findings identify positive elbow flexion test and Tinel's sign. Strength is reduced with finger and thumb flexors bilaterally. Diagnoses include right cubital tunnel syndrome, right medial epicondylitis, and right carpal tunnel syndrome. The treatment plan recommends right carpal tunnel release, right wrist flexor tendo synovectomy, just right subcutaneous transposition older nerve cubital tunnel, and neural lysis owner nerve right arm and forearm. Postoperative medications include Keflex 500 mg TID #30 and Norco 10/325 1 tablet PO Q4-6 hours PRN pain #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG 1 TAB PO Q4-6 HOURS PRN #90 WITH 1 REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. New documentation available for review, it appears the patient has recently undergone elbow surgery. A short course of opiate pain medication following surgical intervention (4-8 weeks) is a reasonable treatment course. Since this is an initial prescription for Norco, and is not intended for long-term use, normal guidelines regarding documentation of specific analgesic effect and objective functional improvement are not applicable. Additionally, the use of opiate agreements and objective functional treatment goals are unnecessary due to the short duration of treatment. As such, the currently requested Norco 10/325 mg #90 with 1 refill is medically necessary, within the first 60 days following surgery.

KEFLEX 500MG 1 TAB PO TID #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases

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

Decision rationale: Regarding the request for Keflex, California MTUS and ACOEM do not contain criteria for antibiotic treatment for this condition. ODG states that cellulitis treatment is recommended for bacterial skin infections. Within the documentation available for review, there is no indication that the patient has cellulitis, or any other sort of postoperative infection. In the absence of such documentation, the currently requested Keflex is not medically necessary.