MAXIMUS Federal Services

Case Number:	CM14-0001394		
Date Assigned:	05/07/2014	Date of Injury:	10/17/2011
Decision Date:	07/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 Internal 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 patient is a 52 year old female who was injured on 10/17/2011. The mechanism of injury is unknown. The patient underwent several surgical interventions including left cubital tunnel release, epineurolysis, left median nerve and revision of left carpal tunnel release. She also received a left wrist block on 07/19/2013. Comprehensive preoperative consultation dated 12/03/2013 revealed the patient denied any pulmonary disease, cough, fever, chills, nausea or vomiting, sweating, palpitations or any history of hypoglycemic attacks. The patient is diagnosed with diabetes mellitus, hypertension, and hyperlipidemia. The patient is classified as Goldman Class I for proposed surgery. Progress report dated 11/26/2013 indicates the patient has complaints of continued pain in the right hand. Objective findings on exam reveal tenderness at the volar aspect of the wrist. There is a weak left grip and positive Tinel's and Phalen's signs of the right wrist. There is pain with terminal flexion of bilateral wrists. The patient is diagnosed with status post left cubital and carpal tunnel release surgery, status post right carpal and cubital tunnel release with recurrent right carpal tunnel syndrome/double crush. The treatment and plan include a revision of right carpal tunnel release similar to the left side and there is postoperative medication requested. The patient will return to the clinic postoperatively. Prior UR dated 12/06/2013 states the request for Ondansetron is non-certified as the patient has not had recent surgery and/or chemo-therapy. The request for Levofloxacin is non-certified as antibiotics are not given routinely to patients who undergo clean elective hand surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ODANSETRON ODT TABLETS 8MG, #30 X 2 REFILLS: 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 Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: According to the ODG, Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The medical records document the patient was diagnosed with status post left cubital and carpal tunnel release surgery, and status post right carpal and cubital tunnel release with recurrent right carpal tunnel syndrome/double crush. In the absence of documentation to support complaints of vomiting secondary to chemotherapy and radiation treatment, or postoperative gastritis, the request is not medically necessary according to the guidelines.

LEVOFLOXACIN 750MG, #30: 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 Official Disability Guidelines (ODG) Infectious Disease, Levofloxacin.

Decision rationale: According to the ODG, Levofloxacin/Levofloxacin is recommended for osteomyelitis, chronic bronchitis or pneumonia. The medical records document the patient was diagnosed with status post left cubital and carpal tunnel release surgery, and status post right carpal and cubital tunnel release with recurrent right carpal tunnel syndrome/double crush. In the absence of documented osteomyelitis, chronic bronchitis or pneumonia CAP, the request is not medically necessary according to the guidelines.