

<b>Case Number:</b>	CM14-0100798		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Orthopedic Surgery, 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 claimant is a 50-year-old gentleman injured in a work related accident on 04/21/12. Clinical records for review do not describe a mechanism of injury, but describe continued numbness and sensory deficit to the upper extremities with elbow pain. Numbness is primarily the fourth and fifth digit. The claimant is noted to be status post a prior cubital tunnel decompression. Examination shows continued diagnosis of right cubital tunnel syndrome with concordant findings. There is currently support for the role of surgical process to the right cubital tunnel based on Utilization Review. There are current recommendations for perioperative treatment to include postoperative use of Zofran, Duricef, Norco, Lyrica, Sprix nasal spray, eight sessions of postoperative physical therapy and a hand exercise kit for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Exercise Kit for right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter; Knee Chapter, Exercise Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure Home exercise kits.

**Decision rationale:** California MTUS and ACOEM Guidelines do not address this request. When looking at the Official Disability Guidelines, a home exercise kit for the wrist would not be indicated. While records in this case indicate support for surgical process to the elbow, there would be no indication for a home exercise kit to the wrist. This individual should be treated in an appropriate fashion postoperatively which would include physical therapy sessions that have been approved by this review. Without documentation of formal advancement of exercises, the use of a home exercise kit for this individual's elbow surgery for use in the wrist would not be supported as medically necessary.

**Postoperative Physical Therapy for right elbow 2x4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would support the use of eight sessions of physical therapy. This individual is to undergo a cubital tunnel decompression of the right elbow for which an initial course of eight sessions of physical therapy would be supported as medically necessary.

**Postoperative Sprix nasal spray 15.75mg, qty 40 units:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure -Sprix (ketorolac tromethamine nasal Spray).

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines criteria, the use of postoperative Sprix, an intranasal formula of Ketorolac, is recommended for the short term management of moderate to moderately severe pain requiring analgesics at the opioid level. Given the nature of the claimant's surgical process the use of the postoperative agent would be supported by guideline criteria.

**Postoperative Lyrica 75mg, qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 19.

**Decision rationale:** California MTUS Chronic Pain Guidelines would support the postoperative use of Lyrica. Lyrica is noted to be effective in the treatment of underlying neuropathy and neuropathic pain complaints. Given the nature of the claimant's surgery which is being performed for neuropathic purposes, the request for this agent for postoperative use would be medically necessary.

**Postoperative Norco (strength, qty unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE; OPIOIDS - CRITERIA FOR USE Page(s): 91; 76-80.

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support postoperative use of Norco. At present, the drug has been recommended but no indication of strength or quantity is specified. While appropriate analgesic can be supported following surgical process, the lack of documentation of strength of medication or quantity of medication would fail to make this request medically necessary.

**Postoperative Duracef (strength, qty unspecified): 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/duricef.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure -Cefadroxil (Duricef®) Recommended as first-line treatment for skin & soft tissue infections. See Skin & soft tissue infections (SSTI).

**Decision rationale:** California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines. The request for postoperative Duracef cannot be recommended as medically necessary. There is no current indication of the strength and/or quantity of Duracef to be dispensed. Without these parameters, this antibiotic agent in the postoperative setting would not be medically necessary.

**Postoperative Zofran (strength, qty unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-emetics for opioid nausea.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure -Antiemetics (for opioid nausea).

**Decision rationale:** California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, the use of Zofran, an antiemetic, would not be indicated. While the agent itself would be indicated in the postoperative setting, a lack of strength or quantity of the drug would fail to support its need in the postoperative setting. The absence of both frequency and duration of the use is not noted. Therefore, this request cannot be recommended as medically necessary.