

<b>Case Number:</b>	CM14-0013556		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 53-year-old female with an 8/21/13 date of injury. At the time (1/9/14) of request for authorization for deep vein thrombosis sequention device one day rental, Zofran 8mg number thirty, and Narcosoft number sixty to right wrist/hand, there is documentation of subjective (numbness and tingling of the bilateral hands) and objective (decreased sensation over the median nerve distribution, positive Tinel's sign, positive Phalen's sign, positive Flick sign, and positive median nerve compression test) findings, electrodiagnostic report (EMG/NCS (11/11/13) report revealed right moderate compression of the median nerve at the carpal tunnel), current diagnoses (right carpal tunnel syndrome), and treatment to date (physical therapy, wrist splints, injections, and medications). In addition, medical report plan identifies right carpal tunnel release surgery with associated DVT sequention device one day rental intraoperatively, Zofran 8mg number thirty for postoperative use, and Narcosoft number 60 for postoperative use. Furthermore, 1/28/14 UR determination identifies certification of right carpal tunnel release. Regarding deep vein thrombosis sequention device one day rental, there is no documentation of moderate, high, or very risk for DVT. Regarding Narcosoft number sixty to right wrist/hand, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEEP VEIN THROMBOSIS SEQUENTION DEVICE ONE DAY RENTAL: 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, <http://emedicine.medscape.com/article/1268573-overview#aw2aab6b3>

**Decision rationale:** The Official Disability Guidelines identifies documentation of subjects who are at a high risk of developing venous thrombosis as criteria necessary to support the medical necessity of DVT prevention system. The ODG necessitates documentation of a patient with moderate, high, or very risk for DVT to support the medical necessity of mechanical methods for reducing the incidence of DVT. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. However, despite documentation of a plan identifying right carpal tunnel release and associated DVT sequention device intraoperatively, there is no documentation of moderate, high, or very risk for DVT. Therefore, based on guidelines and a review of the evidence, the request for a deep vein thrombosis sequention device one day rental is not medically necessary.

**ZOFRAN 8MG NUMBER THIRTY: Overturned**

**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

**Decision rationale:** The ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, given documentation of a plan for postoperative use of Zofran and certification of right carpal tunnel release on 1/27/14, there is documentation of postoperative use. Therefore, based on guidelines and a review of the evidence, the request for Zofran 8mg number thirty is medically necessary.

**NARCOSOFT NUMBER SIXTY TO RIGHT WRIST/HAND: 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) and <http://enovachem.us.com/portfolio/narcosoft/>

**Decision rationale:** An online source identifies Narcosoft as a Medical Nutritional Supplement containing a blend of soluble fibers and natural laxatives that may help to relieve symptoms of constipation. The ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. However, despite documentation of a plan identifying postoperative use of Narcosoft following right carpal tunnel release, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, the request is not medically necessary.