

Case Number:	CM14-0154961		
Date Assigned:	09/25/2014	Date of Injury:	12/21/2009
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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 45-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of December 11, 2014. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the right wrist with numbness and tingling in the fingers. Examination revealed tenderness at the carpal tunnel of the right wrist. Tinel's sign and Phalen's sign were positive. There was numbness in the distribution area of the medial and ulnar nerves, greater at the distribution area of the median nerve. The fingertips can reach to the mid-palmar crease. Range of motion (ROM) is 5-120 degrees. Treatment to date has included medications, night splinting, physical therapy, modified duties, a home exercise program and paraffin baths. Utilization review from August 26, 2014 denied the requests for Keflex #30 and Norco 10/325mg #60 because "there was no documentation of recent efforts at conservative care and results."

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. As per ODG, Keflex is an antibiotic Recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. In this case, the provided records did not state the rationale for the request for Keflex. Based from the limited records available, the patient was not diagnosed with infection and there are no signs of an infection. The medical necessity for Keflex cannot be established because of the paucity of data available. Therefore, the request for Keflex #30 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the limited data provided do not indicate when the patient started using Norco. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #60 is not medically necessary.