

Case Number:	CM14-0157310		
Date Assigned:	09/30/2014	Date of Injury:	03/26/1999
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 Injured worker is a 62 year-old female who was injured on 3/26/99. The patient complains of right shoulder and wrist pain with numbness and tingling. On exam, she has right shoulder tenderness and decreased range of motion with normal strength and reflexes. She had decreased range of motion of the right elbow, forearm, and wrist with positive carpal tunnel maneuvers. The patient was diagnosed recurrent right carpal tunnel syndrome, spinal discopathy, facet arthropathy, and right lateral epicondylitis. Her medications included topical analgesics, short course of Tramadol, Etodolac, and Ambien. She had carpal tunnel surgery and right shoulder surgery in 2000. Electrodiagnostic studies showed a possible recurrence of carpal tunnel syndrome. Xrays showed subchondral sclerosis of the distal radius. She was recommended to have revision of her right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duricef 500 MG #14: 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/cefadroxil.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cefadroxil>

Decision rationale: Duricef is recommended as a first line treatment for bacterial infections. This limited chart does not reveal any indications of current or chronic infection or the need for prophylaxis for a procedure such as revision of a carpal tunnel release. Therefore, the request for Duricef 500 MG #14 is not medically necessary and appropriate.

Sprix Nasal Spray 15.75 40 Units x 5 Bottles: 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 (ODG) Chronic Pain, Sprix

Decision rationale: Sprix is an NSAID nasal spray indicated for moderate to severe pain that would require analgesia at the opioid level. In this case, the patient was prescribed a short course of opioid, it is unnecessary to have both Sprix and opioids. There are no studies on the use of nasal NSAIDs to treat postoperative pain after carpal tunnel surgery, just for abdominal surgery. It is not recommended for chronic pain and use should not exceed five days. The request for Sprix Nasal Spray 15.75 40 Units, five Bottles is not medically necessary and appropriate.

Physical Therapy 8 Session (2x4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page(s) 15-16.

Decision rationale: According to the MTUS guidelines, 3-6 treatment sessions would be needed to produce functional improvement. If improvement is documented, then more sessions can be requested. In this case, the injured worker's shoulder and wrist pain would likely benefit, but the request as stated for 8 sessions, which exceed MTUS guidelines. Therefore, the request for eight sessions of acupuncture, twice a week for four weeks for the right shoulder is not medically necessary.

Acupuncture 8 Visits (2x4) Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 acupuncture sessions is medically unnecessary. According to MTUS guidelines, 3-6 treatment sessions would be needed to produce functional improvement. If improvement is documented, then more sessions can be requested. The

patient's shoulder and wrist pain would likely benefit, but the request as stated for 8 sessions is not medically necessary at this time.