

Case Number:	CM14-0158482		
Date Assigned:	10/02/2014	Date of Injury:	04/15/2012
Decision Date:	11/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, arm, elbow, wrist, and hand pain reportedly associated with an industrial injury of April 15, 2012. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; a shoulder MRI imaging of October 7, 2013, notable for a partial thickness subscapularis tear, calcifying tendinitis and subacromial bursitis; unspecified amounts of acupuncture; and electrodiagnostic testing of November 30, 2012, notable for bilateral carpal tunnel syndrome and right-sided cubital tunnel syndrome. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for Norco, Zofran, and Duricef. It was stated that these medications were intended for postoperative use. The claims administrator denied the same on the grounds that there was no evidence that surgery had been approved through the Utilization Review process. There was no evidence that surgery have been approved or scheduled. The applicant's attorney subsequently appealed. In an October 29, 2013 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, right shoulder, left shoulder, and bilateral hand and wrist pain. The applicant was asked to pursue acupuncture. Zofran, Xanax, and topical compounds were endorsed. On January 28, 2014, the applicant was again placed off of work, on total temporary disability, while additional physical therapy and acupuncture were sought. On February 18, 2014, the applicant was again placed off of work, on total temporary disability, while topical compounds, tramadol, Xanax, and acupuncture were sought. On April 11, 2014, the applicant again presented with multifocal pain complaints. A right elbow epicondylar release and a right cubital tunnel release was recommended. On September 23, 2014, the applicant was placed off of work, on total temporary disability. Additional acupuncture was sought. The applicant was asked to continue tramadol and topical compounds. It was stated that authorization for surgery was pending. On

July 29, 2014, the attending provider sought authorization for an elbow epicondylar release surgery, ulnar nerve decompression, and right carpal tunnel release surgery. The applicant was placed off of work in the interim. Sprix nasal spray, Zofran, and Duricef were endorsed for postoperative use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco - Unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Duricef - Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cefadroxil (Duficef)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hand, Wrist, and Forearm Chapter, Perioperative Antibiotics section

Decision rationale: The MTUS does not address the topic of perioperative antibiotic usage. As noted in the Third Edition ACOEM Guidelines Hand, Forearm, and Wrist Chapter, the routine usage of antibiotics for all applicants undergoing carpal tunnel release is not generally recommended. In this case, the attending provider did not outline any compelling applicant-specific risk factors such as diabetes, a history of delayed wound healing, etc., which would offset the unfavorable ACOEM position on routine perioperative/postoperative usage of antibiotics. It is further noted that the applicant does not appear to have received authorization for the proposed carpal tunnel release surgery also at issue. Therefore, the request is not medically necessary.

Zofran - Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant has had, been scheduled for, and/or received authorization to obtain any kind of surgical procedure. It is further noted that the attending provider has given the applicant Ondansetron in the past, without documenting that the applicant had had any kind of surgical intervention. Usage of Ondansetron outside of the perioperative context is a non-FDA labeled purpose. No compelling applicant-specific rationale or medical evidence to support the same was furnished by the attending provider. Therefore, the request is not medically necessary.