

Case Number:	CM14-0021280		
Date Assigned:	05/09/2014	Date of Injury:	08/20/2010
Decision Date:	08/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 50-year-old female with a 8/20/10 date of injury. The mechanism of injury occurred while the patient was mopping the floor. In a 1/21/14 progress note, the patient complained of pain and numbness in the left hand that woke her up at night. Physical examination showed a positive Tinel's and Phalen's on the left side with weakness of the left grip. The recommendation was for a left carpal tunnel release. A qualified medical examination (QME) supplemental report dated 1/1/14 indicated electrodiagnostic studies (EDS) were negative for carpal tunnel syndrome on the left. The QME report indicated the patient had been treated in the past with therapy on both sides. Diagnostic impression: right carpal tunnel resolved status post release, right wrist volar ganglion, left carpal tunnel syndrome, left de Quervains tenosynovitis. Treatment to date: medication management, activity modification, surgery. A UR decision dated 2/4/14 denied the requests for Zofran, Norco, Keflex, and twelve physical therapy sessions. Zofran was denied because the records do not indicate nausea in this patient. Regarding Norco, the patient has pain but there is no indication the pain is moderate or severe or measurable benefit from use of this medication. There is no current documentation of failed trial of first line therapy. There is no documentation of a pain contract on file and no documentation of urine drug screen confirming compliance. Regarding Keflex, Keflex is an antibiotic, there is no mention in the records as to why this patient needs an antibiotic, and there is no documentation of an infection. Regarding 12 sessions of physical therapy, this patient has undergone prior therapy with no mention of functional improvement. There is insufficient documentation supporting additional supervised therapy vs. independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8 MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

Decision rationale: CA MTUS and (ODG) Official Disability Guidelines do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In the request for authorization for medical treatment (RFA) dated 1/28/14, Zofran is being requested as nausea medication that will be given to the patient for surgery. However, the surgical procedure was denied. There is no rationale as to why the patient would require a post-surgical medication when he is not scheduled for surgery. Therefore, the request for Zofran 8 mg #20 is not medically necessary.

NORCO 10/325 MG #90: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 1/28/14 RFA request, Norco is being requested as a medication that will be given to the patient for surgery. However, the surgical procedure was denied. There is no rationale as to why the patient would need this medication since the surgical procedure was denied. Therefore, the request for Norco 10/325 mg #90 is not medically necessary and appropriate.

KEFLEX 500 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS (ODG) Official Disability Guidelines, Infectious Diseases Chapter.

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 Chapter.

Decision rationale: According to the ODG Infectious Diseases Chapter, Keflex is recommended as first-line treatment for cellulitis and other conditions. However, in this situation, Keflex is being requested as a medication for surgery. The surgical procedure has been denied; therefore this medication is no longer appropriate for the patient. Therefore, the request for Keflex 500 mg #30 was not medically necessary.

PHYSICAL THERAPY TWELVE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation post surgical physical therapy.

Decision rationale: There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Postsurgical physical therapy recommendations for carpal tunnel syndrome are 3-8 visits over 3-5 weeks. However, this request is for 12 sessions, which exceeds guideline recommendations. Furthermore, this request is for post-surgical physical therapy. The surgical procedure was not authorized; therefore there is no need for a post-surgical physical therapy treatment. Therefore, the request for Physical Therapy Twelve Sessions is not medically necessary.