

Case Number:	CM14-0023292		
Date Assigned:	05/14/2014	Date of Injury:	03/28/2013
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 wrist pain and carpal tunnel syndrome reportedly associated with an industrial injury. Thus far, the applicant has been treated with analgesic medications, attorney representation, a right carpal tunnel release surgery and partial flexor tenosynovectomy procedure on February 7, 2014 and topical drugs. In a utilization review report dated February 4, 2014, the claims administrator denied a request for Terocin patches and 30 tablets of Levaquin while approving a request for Ondansetron or Zofran. The applicant's attorney subsequently appealed. The applicant underwent a carpal tunnel release surgery and partial flexor tenosynovectomy surgery on February 17, 2014. The applicant was placed off of work in a skeleton progress note dated March 12, 2014, which provided little or no narrative commentary. In a February 3, 2014 prescription form, the applicant was given prescriptions for Levaquin, Terocin, Prilosec, tramadol, Zofran, and Flexeril. No narrative commentary was attached to the request for authorization/prescription for the drugs in question. The attending provider simply ticked-off preprinted checkboxes without attaching any narrative commentary, rationale, or progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant's concurrent usage of Flexeril and Tramadol effectively obviates the need for largely experimental Terocin compound. Therefore, the request was not medically necessary.

LEVOFLOXACIN 750MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Hand Surgery of America, February 2010.

Decision rationale: The California MTUS does not address the topic. As noted in the Journal of Hand Surgery of America, the overall infection rate after carpal tunnel release surgery is low. Antibiotic usage did not decrease the risk of infection in a study population, including in applicants with diabetes. The routine usage of antibiotic prophylaxis in carpal tunnel release surgery is therefore not indicated. In this case, the attending provider did not furnish any compelling applicant-specific rationale, narrative, or commentary which would offset the unfavorable guideline recommendation. The attending provider simply furnished a prescription for Levaquin through preprinted checkboxes without attaching any rationale for the drug in question. Therefore, the request was not medically necessary.