

Case Number:	CM14-0026115		
Date Assigned:	06/13/2014	Date of Injury:	08/12/2011
Decision Date:	12/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 claims for neck and shoulder pain reportedly associated with an industrial injury of August 12, 2011. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for postoperative Zofran, Keflex, Colace, and Norco. The claims administrator did note in its Utilization Review Report that the applicant was approved for left third digit finger fusion joint replacement surgery on February 6, 2014. The claims administrator stated, somewhat incongruously, in one section of its note that postoperative usage of antibiotics such as Keflex and Norco could be recommended, but then seemingly went on to deny the request. Zofran was denied on the grounds that the applicant did not have any active nausea or vomiting. The note was very sparse and contained little in the way of rationale. Fortunately, the claims administrator's rationale, thus, did state that several of the requests were reasonable, but the summary at the top of the reports suggested that all of the requests were denied. The applicant's attorney subsequently appealed. In an orthopedic consultation of August 9, 2013, the applicant reported ongoing complaints of hand and left finger pain, 3/10. The applicant noted swelling about the middle finger and was apparently unable to make a full fist. Weakness was appreciated. The attending provider stated that the applicant was considering finger fusion surgery. In a handwritten note of January 3, 2014, it was stated that the applicant was pending a left third digit PIP fusion surgery and shoulder corticosteroid injection therapy. The applicant was not working, it was acknowledged on an earlier note dated August 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT POST OP ZOFRAN 8MG #20: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and wo

Decision rationale: The MTUS does not address the topic. However, the Food and Drug Administration (FDA) does note that ondansetron (Zofran) is used to prevent nausea and vomiting caused by surgery. Here, the applicant was said to undergo a finger fusion surgery just after the date Zofran was requested. The finger fusion surgery had reportedly been approved by the claims administrator and was on the schedule. A limited 20-tablet supply of Zofran was indicated to combat any postoperative nausea and/or vomiting issues, which might have arisen in conjunction with said finger fusion surgery and/or associated anesthesia. Therefore, the request was medically necessary.

URGENT POST OP KEFLEX 500MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> ACOEM V.3 > Hand, Wrist, and Forearm > Disorders > Carpal Tunnel Syndrom (CTS) > Surgery Recommendation: Perioperative Antibiotics for Patients Undergoing Carpal Tunnel Release Pre-incisional antibiotics are recommended for consideration for patients with risk factors undergoing carpal tunnel release. Thresholds for use in other patients should be generally

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter does note that perioperative usage of antibiotics is indicated in applicants undergoing carpal tunnel release surgery who have risk factors for an infection such as diabetes, however, ACOEM qualifies its position by noting that routine usage of antibiotics is not recommended for all applicants undergoing carpal tunnel release surgery. By analogy, then, usage of Keflex postoperatively was not indicated here following the applicant's planned finger fusion surgery as there was no mention of the applicant's carrying any diagnosis of diabetes or other risk factor for perioperative or postoperative infection. The applicant's past medical history was not clearly detailed or clearly outlined on any other progress notes, referenced above. The attending provider did not furnish any rationale for provision of

Keflex in its handwritten progress note. It is further noted that ACOEM recommends "pre-incisional antibiotics" as opposed to a lengthy, 7- to 10-day course of Keflex, as was/is seemingly being sought here via the proposed 30-capsule supply of Keflex, which represents long-term usage of Keflex, not nearly pre-incisional usage, as endorsed by ACOEM. For all the stated reasons, then, the request was not medically necessary.

URGENT POST OP DOCUSATE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation treatment for constipation is indicated in applicants who are using opioids. Here, the applicant was, in fact, concurrently given Norco for postoperative use purposes. It was reasonable to concurrently provide docusate, a laxative agent/stool softener, along with Norco. Therefore, the request was medically necessary.

URGENT POST OP NORCO 10/325MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), OPIOIDS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 271, a short course of opioids as was/is being proposed here is considered "optional" in the management of wrist, forearm, and hand complaints. The applicant could reasonably or plausibly be expected to have some severe complaints of pain requiring analgesia at the opioid level immediately following planned finger fusion surgery. Therefore, the request was medically necessary.