

Case Number:	CM14-0028294		
Date Assigned:	06/13/2014	Date of Injury:	04/01/2013
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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 48 year old female injured on 04/01/13 due to an undisclosed mechanism of injury. Current diagnoses include carpal tunnel syndrome of the bilateral hands. The clinical note dated 01/17/14 indicates the injured worker presented complaining of symptomatic carpal tunnel syndrome to the bilateral upper extremities, right hand greater than left. The documentation indicates the injured worker is scheduled for right hand carpal tunnel release on 01/22/14. The injured worker was provided prescriptions for Norco 5/325mg #60 and Duricef 500mg to be taken Q 8 hours for 24 hours perioperative for antibiotic prophylaxis. There was no evidence of heat, swelling, inflammation, synovial thickening, or effusion on physical assessment. The initial request for Norco 5/325mg quantity 60 and Duricef 500mg perioperative prophylactic was initially non-certified on 02/21/14. The prescription for Norco 5/325mg #60 was modified to Norco 5/325mg #12 between 01/17/14 and 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERSCRIPTION FOR NORCO 5/325 MG, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 66-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, medications can be utilized in the treatment of acute and chronic pain. The use of Norco is intended for the post-operative period of acute pain. As such, the request for Norco 5/325 mg Qty: 60 is recommended as medically necessary.

PERScription FOR DURICEF 500 MG PREOPERATIVE PROPHYLACTIC:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaeter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA.

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, Cefadroxil (Duricef®).

Decision rationale: As note in the Infectious Diseases chapter of the Official Disability Guidelines, Duricef is recommended as first-line treatment for skin & soft tissue infections. There was no evidence of heat, swelling, inflammation, synovial thickening, or effusion on physical assessment. Without signs of infection or prior issues with infection, there is no indication for utilization of antibiotics. As such, the request for Duricef 500 mg preoperative prophylactic cannot be recommended as medically necessary.