

Case Number:	CM14-0077359		
Date Assigned:	07/18/2014	Date of Injury:	11/30/2010
Decision Date:	10/07/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 patient is a 54-year-old male who has submitted a claim for s/p carpal tunnel release, bilateral ulnar neuritis, osteoarthritis, and musculoligamentous strain of the cervical spine associated with an industrial injury date of 11/30/2010. Medical records from 2/22/12 up to 2/12/14 were reviewed showing neck pain with radiculopathy to right upper extremity, bilateral hand numbness and bilateral elbow pain, 7-8/10 in severity. He reports difficulty with any type of repetitive pushing, pulling, lifting, or overhead reaching. He was also s/p left hand carpal tunnel release yet he still has numbness over the thumb, index finger, small, and ring finger. He was also s/p right carpal tunnel release on 2/4/14 with no complications. Physical examination showed that his right hand surgical scar was healing well and sutures were removed. There were no signs of infection. The most recent comprehensive physical examination was on 12/2013. Treatment to date has included Vicodin 7/300, Ketoprofen, HEP, carpal tunnel release, and shoulder surgery. Utilization review from 5/5/2014 denied the request for Keflex 500mg 1 tab PO q8 #40 and Vicodin 5/300mg 1 tab PO BID #60. Regarding Keflex, it is an antibiotic used to treat infection. Without a recent examination, it is not possible to certify this as medically necessary. Regarding Vicodin, it is used for short term courses of moderate to severe pain. This patient's evaluation is from over one year ago and it is unclear what his pain status is at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg 1 tab PO q8 #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(updated 4/10/14) Cephalexin (Keflexa)

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, Keflex

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. As per ODG, Keflex is an antibiotic Recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. In this case, the patient underwent his most recent procedure on 2/4/14. He tolerated the procedure well and was noted to have a well healing scar with no signs of infection as per history and physical examination. It is unclear why Keflex is being prescribed at this time. Therefore the request for Keflex 500mg 1 tab PO q8 #40 is not medically necessary.

Vicodin 5/300mg 1 tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, the patient has been taking Vicodin since at least 12/2013. There was no documentation of pain relief or improvement in function. In addition, the medical records provided did not indicate any UDS to monitor for aberrant behavior. Moreover, his most recent comprehensive physical examination was on 12/2013. It is difficult to ascertain his current condition. Therefore the request for Vicodin 5/300mg 1 tab PO BID #60 is not medically necessary.