

<b>Case Number:</b>	CM14-0088931		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 hand and wrist pain reportedly associated with an industrial injury of March 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of October 24, 2013, notable for a mild L5 radiculopathy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 24, 2014, the claims administrator denied a request for Zofran, Keflex, and Norco. The claims based decision on an April 24, 2014 progress note, it was stated. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2013, the applicant was given diagnoses of shoulder pain, wrist pain, low back pain, stress, anxiety, and depression. The applicant was asked to consult a psychiatrist and follow up with a hand specialist. The applicant's work status was not clearly outlined. Large portions of the progress note were handwritten, not entirely legible, and difficult to follow. On December 20, 2013, it was stated that the applicant had persistent complaints of low back, knee, shoulder, and wrist pain. The applicant was unchanged. The applicant was using Wellbutrin, Ambien, Ativan, Norco, Prilosec, and naproxen. Twenty-four sessions of physical therapy and two epidural steroid injections had produced only minimal relief. The applicant was given a rather proscriptive 15-pound lifting limitation. It did not appear that the applicant was working. In a handwritten note dated April 10, 2014, extremely difficult to follow, not entirely legible, it was acknowledged that the applicant was off of work, on total temporary disability. Norco, Prilosec, and naproxen were renewed while the applicant was placed off of work. In a progress note dated May 2, 2014, the applicant presented with persistent complaints of low back pain radiating into the right leg. The applicant was asked to obtain a lumbar MRI to further work her issues with spinal stenosis. The applicant's low back pain was reportedly getting worse. The applicant was using omeprazole,

naproxen, and Vicodin, it was stated. In an April 24, 2013 progress note, the applicant consulted a hand surgeon. Persistent complaints of wrist pain, hand pain, and paresthesias were noted. The applicant was off of work, it was noted. A left-sided wrist arthroscopy was sought. It was noted that the applicant had been fired by her former employer. It appears that many of the services and medications at issue were sought for postoperative usage, namely Keflex, Norco, and Zofran. On June 5, 2014, the applicant obtained a second opinion hand surgery consultation. The applicant had not undergone any surgery, it was stated. The second hand opinion hand surgeon did not formulate any plans to pursue a surgical remedy. The remainder of the file was surveyed. There was no evidence that the contestant hand and wrist surgery in question transpired.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zofran 4mg 1 tab po qd #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zofran Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) notes that Zofran is indicated in the treatment of nausea and vomiting caused by chemotherapy, radiation therapy, and/or hand surgery, in this case, however, there is no evidence that claimant had any recent hand surgery on and around the date in question. It did not appear that the claimant elected to pursue the diagnostic arthroscopy proposed by one of her treating providers but, rather, went on to obtain a second opinion from another hand surgeon who did not seemingly endorse the decision to pursue hand surgery. Usage of Zofran without evidence that the applicant underwent surgery, chemotherapy, or radiation therapy does translate to usage which does not conform to the FDA label. Therefore, the request is not medically necessary.

**Keflex 500mg take 1 po every 6 hours x 7 days #30: Upheld**

**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: <Insert Other Basis/Criteria> ACOEM V.3 > Hand, Wrist, and Forearm > Disorders > Carpal Tunnel Syndrome (CTS) > Surgery Perioperative Antibiotics

Perioperative antibiotics have been administered to patients undergoing carpal tunnel release, most commonly as pre-incisional antibiotics rather than post-operative antibiotic courses. Some surgeons use antibiotics in all patients. Also

**Decision rationale:** The MTUS does not address the topic of preoperative/perioperative antibiotics. As noted in the Third Edition ACOEM Guidelines, Hand, Forearm, and Wrist Chapter, routine usage of antibiotics for all applicants undergoing carpal tunnel release surgery or, by implication, the minimally invasive wrist arthroscopy considered here, is "not recommended." In this case, it is further noted that the applicant did not seemingly elect to go forward with the proposed wrist arthroscopy. Therefore, the request is not medically necessary.

**Norco 5/325mg tak 1 po every 4-6 hours as needed for pain #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Since the applicant did not undergo surgery, this amounts to a chronic pain request/renewal request of the short-acting opioid. The applicant was described as using Norco as early as a progress note of December 20, 2013, several months prior. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's treating providers have failed to outline any tangible decrements in pain or material improvements in function achieved as a result of ongoing Norco. Therefore, the request is not medically necessary.