

<b>Case Number:</b>	CM14-0183667		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopedic Surgery 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:

51-year-old female with reported industrial injury on July 14, 2012. Exam note from October 9, 2014 demonstrates a claimant has constant left and right wrist pain as well as numbness and tingling and weakness. The exam note demonstrates that she is dropping things. Examination demonstrates range of motion is full in the left and right wrist with pain. There is severe pain noted in the anatomic snuffbox. Pain is also noted on the older radial side of the wrist with deviation and there is severe pain on flexion-extension. The Finkelstein's test is noted to be positive as is compression test. Thenar atrophy is noted and the request is for carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex 500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex. And alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection from 10/9/14 to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

**Vicodin ES 75/750mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed from 10/9/14 there is insufficient evidence to support chronic use of narcotics. There is insufficient evidence of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the request is not medically necessary.

**Colace 100mg:** 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 Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." In this case the use of opioids is not appropriate. Therefore the use of Colace in this case is not medically necessary.

**Phenergan 25mg Post Op:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of 10/6/14 of opioid induced nausea to warrant the use of Phenergan. Therefore the request is not medically necessary.