

Case Number:	CM14-0209250		
Date Assigned:	12/22/2014	Date of Injury:	10/12/2012
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 70 year old female who was injured at work on 10/12/2012 . She is reported to have visited her doctor on 09/23/14 complaining of stabbing pain of the bilateral hands and wrists with pins and needles sensations. The pain was 8/10 in the left hand, and 9/10 in the right hand. It was associated with difficulty gripping and grasping. The physical examination revealed abnormal skin color and temperature of the hands; moderate decrease in appreciation in the hands; diffuse tenderness in the forearm; positive Tinels's and Phalen's signs; limited range of motion of the bilateral wrists; and elbows; limited range of motion of the lumbar spine; paraspinal muscle tenderness; positive compression tests and positive bilateral straight leg . She was diagnosed of severe bilateral carpal tunnel syndrome, and Lumbar discopathy. Treatments have included acupuncture, and Ibuprofen. She has been approved of bilateral carpal tunnel release and postsurgical therapy. At dispute are the requests for post-operative Sprix Nasal Spray 15.75 mg, 40 Units (5 Bottles), one spray in each nostril Q6-8H or UD; Zofran Postoperative; Duricef postoperative; and Norco Postoperative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix Nasal Spray 15.75 mg, 40 Units (5 Bottles), one spray in each nostril Q6-8H or UD:
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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Sprix (ketorolac tromethamine nasal Spray).

Decision rationale: The injured worker sustained a work related injury on 10/12/2012 . The medical records provided indicate the diagnosis of severe bilateral carpal tunnel syndrome, and Lumbar discopathy. Treatments have included acupuncture, and Ibuprofen. She has been approved of bilateral carpal tunnel release and postsurgical therapy. The medical records provided for review do not indicate a medical necessity for Sprix Nasal Spray 15.75 mg, 40 Units (5 Bottles), one spray in each nostril Q6-8H or UD . The MTUS is silent on it, but the Official Disability Guidelines states that Sprix is an FDA approved intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray) for the short-term management of moderate to moderately- severe pain for pain control at the opioid level, to be used for the shortest duration possible and not to exceed 5 days; it has only been studied for abdominal surgery. Therefore, the recommended treatment is not medically necessary since the dose would exceed the 5 days recommended; also, because the surgical area is outside the area studied. Furthermore, the records do not indicate the injured worker is unable to take oral medications post operatively.

Zofran Postoperative: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti emetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) , Antiemetics (for opioid nausea) .

Decision rationale: The injured worker sustained a work related injury on 10/12/2012. The medical records provided indicate the diagnosis of severe bilateral carpal tunnel syndrome, and Lumbar discopathy. Treatments have included acupuncture, and Ibuprofen. She has been approved of bilateral carpal tunnel release and postsurgical therapy. The medical records provided for review do indicate a medical necessity for postoperative Zofran treatment of nausea and vomiting. Although the MTUS is silent on it, the Official Disability Guidelines states Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment; postoperative use, and for the acute treatment of gastroenteritis. Therefore, the requested treatment is medically necessary and appropriate.

Duricef postoperative: 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 The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: World Health Organization, Patient Safety, and WHO Guidelines for Safe Surgery 2009>http://whqlibdoc.who.int/publications/2009/9789241598552_eng.pdf<2/15/15>.

Decision rationale: The injured worker sustained a work related injury on 10/12/2012. The medical records provided indicate the diagnosis of severe bilateral carpal tunnel syndrome, and Lumbar discopathy. Treatments have included acupuncture, and Ibuprofen. She has been approved for bilateral carpal tunnel release and postsurgical therapy. The medical records provided for review do not indicate a medical necessity for Duricef postoperative. This topic is not covered by the MTUS or the Official Disability Guidelines. However, the World Health Organization states there is controversy about the use of prophylactic antibiotics for designated 'clean' operations. Nevertheless, this world body recognizes that surgical wound infection contributes to morbidity and mortality of the surgical patient, and greatly contributes the healthcare cost. The World Health Organization recommends prophylactic use of antibiotics for most surgeries, to be given about 30 minutes before the incision. This article recommended against the postoperative antibiotics. Therefore, the requested treatment is not medically necessary and appropriate.

Norco Postoperative: 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)

Decision rationale: The injured worker sustained a work related injury on 10/12/2012 . The medical records provided indicate the diagnosis of severe bilateral carpal tunnel syndrome, and Lumbar discopathy. Treatments have included acupuncture, and Ibuprofen. She has been approved for bilateral carpal tunnel release and postsurgical therapy. The medical records provided for review do not indicate a medical necessity for Norco Postoperative. The Official Disability Guidelines recommends that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Therefore, the requested treatment is not medically necessary and appropriate.