

<b>Case Number:</b>	CM15-0149712		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 7-09-12. She subsequently reported shoulder, neck and back pain. Diagnoses include right carpal tunnel syndrome. Treatments to date include physical therapy and prescription pain medications. The injured worker continues to experience right wrist and hand, right shoulder, cervical and low back pain. Upon examination, there was diminished sensation of median nerve. Jamar right remains markedly limited. Tinel's and Phalen's were positive on the right. Tenderness was noted in the cervical and lumbar spine along with limited range of motion. A request for Post operative Tramadol 50mg #60, Post operative Anaprox 550mg #60 and Post operative Keflex 500mg #20 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p 76-80 Page(s): 76-80.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for chronic pain including a diagnosis of right carpal tunnel syndrome. Authorization for a right carpal tunnel releases been requested. When seen, medications were providing pain relief with improved activity tolerance. Medications being prescribed included extended release Tramadol, duloxetine, naproxen, pantoprazole, and Cyclobenzaprine. Physical examination findings included positive right Tinel's and Phalen's testing with decreased sensation and grip strength. Being requested is authorization for postoperative medications. Criteria for the use of opioids include an assessment of pain and response to non-opioid analgesic medications. When requested, the claimant had not undergone the planned procedure. Predicting a need for opioid medication would not be possible. Requesting Tramadol prior to undergoing the planned procedure was not appropriate or medically necessary.

**Post operative Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-8, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, p 6-7 Page(s): 6-7.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for chronic pain including a diagnosis of right carpal tunnel syndrome. Authorization for a right carpal tunnel releases been requested. When seen, medications were providing pain relief with improved activity tolerance. Medications being prescribed included extended release Tramadol, duloxetine, naproxen, pantoprazole, and Cyclobenzaprine. Physical examination findings included positive right Tinel's and Phalen's testing with decreased sensation and grip strength. Being requested is authorization for postoperative medications. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, when requested, the claimant had not undergone the planned procedure. Predicting a need for a non-steroidal anti-inflammatory medication would not be possible. Requesting Anaprox prior to undergoing the planned procedure was not appropriate or medically necessary.

**Post operative Keflex 500mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Bratzler DW, Dellinger EP, Olsen KM, Perl TM,

Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70 (3): 195-283. (2) Keflex prescribing information.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for chronic pain including a diagnosis of right carpal tunnel syndrome. Authorization for a right carpal tunnel releases been requested. When seen, medications were providing pain relief with improved activity tolerance. Medications being prescribed included extended release Tramadol, duloxetine, naproxen, pantoprazole, and Cyclobenzaprine. Physical examination findings included positive right Tinel's and Phalen's testing with decreased sensation and grip strength. Being requested is authorization for postoperative medications. Keflex (cephalexin monohydrate) is a semisynthetic cephalosporin antibiotic for oral administration. It is indicated in the treatment of the infections when caused by susceptible strains of microorganisms. Appropriate culture and susceptibility tests should be initiated prior to and during therapy. In this case it is being prescribed as prophylaxis prior to surgery. There is no identified infection or condition identified that would establish the medical necessity of this medication.