

<b>Case Number:</b>	CM15-0165007		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on November 15, 2011. The injured worker was diagnosed as having cervical radiculopathy, congenital narrowing of the cervical canal with additional straightening and degenerative disc changes of the cervical spine with significant spinal canal narrowing, severe thinning and tendinosis of the lateral anterior supraspinatus tendon with bursal and articular surface fraying, likely partial and-or complete tear in evolution, status post right shoulder acromioplasty, moderate median nerve compromise at or about the wrist through the carpal tunnel on the left, and mild median nerve compromise at or about the wrist through the carpal tunnel on the right. Treatments and evaluations to date have included splinting, MRIs, electromyography (EMG), right shoulder surgery, bracing, physical therapy, cortisone injections, and medication. Currently, the injured worker reports left wrist pain rated 7 out of 10 with radiation superiorly, increased pain in the cervical spine, cervicogenic headaches, and numbness and tingling over the media nerve distribution. The Primary Treating Physician's report dated July 27, 2015, noted the injured worker with normal active range of motion (ROM) of the bilateral wrists with positive Durkin's sign, Tinel's sign, and Phalen's sign, all of which elicited neuropathic type pain over the media nerve distribution of the left hand. The treatment plan was noted to include surgery procedure of the left media neuroplasty at the carpal tunnel, with medical clearance, laboratory evaluations, pre-surgical diagnostics, durable medical equipment, post-operative medications including Keflex, Tramadol, and Norco, post-operative physical therapy, post-operative acupuncture, and a Spanish interpreter. The injured worker was noted to be on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex 500mg #20:** 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) Infectious Diseases chapter under Cephalexin and Other Medical Treatment Guidelines [www.guidelines.gov](http://www.guidelines.gov) : Antimicrobial prophylaxis.

**Decision rationale:** The patient presents on 07/27/15 with pain in the cervical spine and left wrist, with associated numbness and tingling in the medial nerve distribution of the left upper extremity and cervicogenic headaches. The patient's date of injury is 11/15/11. Patient is status post right carpal tunnel decompression surgery on 01/15/14. The request is for Keflex 500MG #20. The RFA is dated 07/27/15. Physical examination dated 07/27/15 reveals positive Durkin's sign, positive Tinel's sign, and positive Phalen's sign in the left wrist, all of which elicit neuropathic pain along the median nerve distribution of the left upper extremity. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. Official Disability Guidelines Infectious Diseases chapter under Cephalexin states the following: Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. 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. According to [www.guidelines.gov](http://www.guidelines.gov), the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." In regard to the request for post-operative antibiotics, such measures are not necessary as the patient declined to undergo the associated surgical procedure. Per progress note dated 07/27/15, the provider states that Keflex is being provided as a prophylactic measure - to be taken after completion of anticipated left wrist surgery. Per progress note dated 08/12/15, the provider specifically notes: "that the patient desires NOT to proceed with surgery." Owing to the fact that the associated procedure will not be carried out, lack of guideline support for antimicrobial prophylaxis for arthroscopic procedures without instrumentation, the request cannot be substantiated. The request is not medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The patient presents on 07/27/15 with pain in the cervical spine and left wrist, with associated numbness and tingling in the medial nerve distribution of the left upper extremity and cervicogenic headaches. The patient's date of injury is 11/15/11. Patient is status post right carpal tunnel decompression surgery on 01/15/14. The request is for Norco 5/325MG #60. The RFA is dated 07/27/15. Physical examination dated 07/27/15 reveals positive Durkin's sign, positive Tinel's sign, and positive Phalen's sign in the left wrist, all of which elicit neuropathic pain along the median nerve distribution of the left upper extremity. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, medications for chronic pain section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In regard to Norco for the management of this patient's post-operative pain, this medication is not necessary as the patient has declined to undergo the surgical procedure. Progress note dated 07/27/15 indicates that Norco and the associated requests were intended for use as a post-operative measure following this patient's planned left wrist surgery. However, per progress note dated 08/12/15, the provider states "that the patient desires not to proceed with surgery." Per the documentation provided, this patient was last prescribed narcotic medications on 12/29/15 and has not required any additional prescriptions since. Owing to the fact that this patient's anticipated surgical procedure was not carried out, the associated narcotic medications for post-operative pain are not required. Therefore, the request is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 07/27/15 with pain in the cervical spine and left wrist, with associated numbness and tingling in the medial nerve distribution of the left upper

extremity and cervicogenic headaches. The patient's date of injury is 11/15/11. Patient is status post right carpal tunnel decompression surgery on 01/15/14. The request is for Tramadol 50MG #60. The RFA is dated 07/27/15. Physical examination dated 07/27/15 reveals positive Durkin's sign, positive Tinel's sign, and positive Phalen's sign in the left wrist, all of which elicit neuropathic pain along the median nerve distribution of the left upper extremity. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, medications for chronic pain section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In regard to Tramadol for the management of this patient's post-operative pain, this medication is not necessary as the patient has declined to undergo the surgical procedure. Progress note dated 07/27/15 indicates that Tramadol and the associated requests were intended for use as a post-operative measure following this patient's planned left wrist surgery. However, per progress note dated 08/12/15, the provider states "that the patient desires not to proceed with surgery." Per the documentation provided, this patient was last prescribed narcotic medications on 12/29/15 and has not required any additional prescriptions since. Owing to the fact that this patient's anticipated surgical procedure was not carried out, the associated narcotic medications for post-operative pain are not required. Therefore, the request is not medically necessary.