

<b>Case Number:</b>	CM15-0193242		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Texas, New York, California  
 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 applicant is a represented 59-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for Keflex and Norco. The claims administrator referenced a September 1, 2015 RFA form and a progress note dated August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On August 30, 2015, the applicant reported ongoing complaints of elbow pain reportedly attributed to ulnar neuropathy and elbow epicondylitis. The applicant was pending elbow surgery, it was reported. The applicant was placed off work, on total temporary disability. The applicant's medication list included Norco, tramadol, Augmentin, and Prilosec, it was reported. It was not clear when the applicant's medication was last updated. On August 27, 2015, the applicant was again described as pending an ulnar nerve decompression procedure. DVT prophylaxis device, multimodality stimulator, Norco, and Keflex were endorsed, all seemingly for postoperative use purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg tab 1 tab by mouth every 4-6 hrs PRN for pain #50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate to moderately severe pain. Here, the request was framed as a postoperative request for Norco on August 27, 2015. The applicant was pending an elbow ulnar nerve decompression surgery, it was reported on that date. The applicant could, thus, reasonably or plausibly be expected to have pain complaints in the moderate to moderately severe range on or around the date of the request and/or in the aftermath of the planned elbow surgery. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to chronic pain request, MTUS9792.23.b2 stipulates that the Postsurgical Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for postoperative usage of Norco, it was therefore invoked.

**Keflex 500mg cap 1 cap by mouth 4x daily #20:** 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), Cephalexin (Keflex).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 699.

**Decision rationale:** Conversely, the request for Keflex, a cephalosporin antibiotic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40 does recommend systemic antibiotics and aspiration-drainage for individuals who carry a diagnosis of infected bursa, the MTUS does not specifically address the topic of perioperative usage of Keflex, as was seemingly proposed here. On August 27, 2015, there was no mention of the applicant's having an overt infection on the date of the request, August 27, 2015. Rather, the request for Keflex represented a request for postoperative or perioperative usage of the same. However, the Third Edition ACOEM Guidelines notes that the routine usage of antibiotics for all applicants undergoing carpal tunnel release surgery, i.e., a procedure effectively analogous to the ulnar nerve decompression procedure at issue here is deemed recommended. ACOEM further stipulates that perioperative antibiotics be administered as pre-incisional antibiotics rather than as a postoperative antibiotic course in applicants with risk factors such as diabetes, here, however, the request for Keflex capsules represented a postoperative course of Keflex as opposed to the pre-incisional antibiotics endorsed by ACOEM. There was, moreover, no explicit mention of the applicant's carrying a systemic disease process (such as diabetes mellitus) which would warrant pre-incisional antibiotics. Therefore, the request was not medically necessary.