MAXIMUS Federal Services

Case Number:	CM15-0194882		
Date Assigned:	10/08/2015	Date of Injury:	10/07/2011
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 56 year old female, who sustained cumulative industrial trauma injuries from 09-29-2007-01-12-2013. She has reported subsequent bilateral wrist pain and left upper extremity pain and was diagnosed with recurrent left carpal tunnel syndrome, status post left carpal tunnel release, bilateral upper extremity overuse syndrome, right carpal tunnel syndrome, left De Quervain's stenosing tenosynovitis and left elbow sprain. Electrodiagnostic studies on 09-05-2014 revealed C8 radiculopathy and right mild carpal tunnel syndrome, peripheral neuropathy of the left median motor nerve. MRI of the right wrist on 11-04-2014 showed subchondral cyst formation versus erosions, radioulnar joint effusion and osteoarthritis change of the 1st carpometacarpal joint. Treatment to date has included pain medication, wrist splints, physical therapy and a home exercise program, which were noted to have failed to significantly relieve the pain. In a progress note dated 09-08-2015 the injured worker reported constant bilateral wrist pain, numbness and inflammation of the left wrist and tingling sensation of the right hand. Objective examination findings revealed mild tenderness over the incision site over the left carpal tunnel, positive Finkelstein's test, positive pain over the first dorsal wrist extensor, several nodules in the A1 pulleys of the index middle, ring and small finger, positive Phalen's and Tinel's, positive compression test over the median nerve with numbness of the thumb, index and middle finger and mild thenar atrophy and mild abductor pollicis brevis weakness, positive Durkan's and prayer signs. Work status was documented as temporarily totally disabled. The physician noted that the injured worker had failed conservative treatment and now required surgical decompression and that a right carpal tunnel decompression would be requested. A

request for authorization of Keflex 500 mg #30 was submitted. There was no rationale for the request for Keflex provided. As per the 09-23-2015 utilization review, the request for Keflex 500 mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #30: 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) Treatment Index, 13th edition (web), 2015, Infectious Diseases Chapter, Cephalexin (Keflex).

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 repetitive motion work injury with date of injury in October 2011. She continues to be treated for bilateral wrist pain and left wrist numbness and right hand tingling. She underwent a left carpal tunnel release in June 2014 with residual pain. When seen, right Phalen's, Tinel's, and carpal compression testing was positive. Durkan and Prayer tests were positive. A right carpal tunnel release was requested including Keflex. She has a negative past medical history. 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 current infection or underlying medical condition that would establish the medical necessity of this medication and the claimant's has undergone the same procedure on the left side without reported complication. Keflex is not medically necessary.