

Case Number:	CM15-0034483		
Date Assigned:	03/03/2015	Date of Injury:	01/02/2009
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 66-year-old female who sustained an industrial injury on 1/02/09. Injury occurred when she attempted to sit on a rolling chair, and the chair slipped out from under her. She fell directly onto her buttocks and hyperextended her left arm to break her fall. She was diagnosed with bilateral carpal tunnel syndrome, cervical degenerative disc disease, history of shoulder impingement, history of shoulder arthritis, knee arthritis and left hand osteoarthropathy. The 1/19/15 orthopedic report cited bilateral wrist, neck, left shoulder, and left hip pain. The patient was taking hydrocodone 7.5 mg 3 times a day. Left wrist exam documented carpometacarpal joint line tenderness, positive grind test, and limited range of motion. The treatment plan indicated the patient was proceeding a left carpometacarpal arthroplasty on 1/26/15. An associated surgical request was made for Tramadol 50MG # 60; Tramadol HCL ER 150MG # 30; and Keflex 500MG # 28. On 1/26/15, utilization review certified a request for left hand carpometacarpal arthroplasty, 17 post-op physical therapy sessions, one prescription of Norco 10/325 mg #60, and one prescription of Anaprox 550 mg #60. The request for pre-operative labs (CBC with differential, UA, CMP, PT and PTT), EKG, and history/physical were partially certified to include CBC with differential, UA, CMP, and EKG. The rationale indicated that there no unusual circumstances noted to support the history and physical outside the normal pre-operative visit, and no clinical indication to support coagulation studies. Utilization review non-certified the requests for Tramadol 50 mg # 60; Tramadol HCL ER 150 mg # 30; and Keflex 500 mg # 28, as there was no documentation to support the medical necessity of these

medications. The CA MTUS, Chronic Pain Guidelines, were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: pre op labs (CBC with differential, UA, CMP, PT and PTT), EKG and history/physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement, Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. EKG may be indicated for patients with known cardiovascular risk factors. The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. There is no compelling reason to support the medical necessity of coagulation studies based on medical history or anticoagulant use. The 1/26/15 utilization review partially certified the request for pre-operative labs (CBC with differential, UA, CMP, PT and PTT), EKG, and history/physical to include CBC with differential, UA, CMP, and EKG. There is no compelling reason to support the medical necessity of additional pre-operative services. Therefore, this request is not medically necessary.

Associated Surgical Services: Post op 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 Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. Guideline criteria have not been met. The patient has been maintained on Norco for her pain complaints. There is no evidence that the Norco prescribed for the post-op period would be ineffective and that a second opioid medication would be required. Therefore, this request is not medically necessary.

Associated Surgical Services: Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. In the extended release formulation, this medication is intended for around-the-clock pain management. Guideline criteria have not been met. The patient has been maintained on Norco for her pain complaints. There is no evidence that the Norco prescribed for the post-op period would be ineffective and that a second opioid around-the-clock medication will be required. Therefore, this request is not medically necessary.

Associated Surgical Services: Keflex 500mg #28: 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 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.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for prophylactic antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that 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. When procedures include implantation of foreign materials, guidelines generally recommend a single dose of Cefazolin with a duration of antimicrobial prophylaxis of less than or equal to 24 hours. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of prophylactic Keflex for the duration prescribed. Therefore, this request is not medically necessary.