

Case Number:	CM15-0240760		
Date Assigned:	12/17/2015	Date of Injury:	04/04/2014
Decision Date:	01/28/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/09/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 49 year old female, who sustained an industrial injury on 4-4-2014. The injured worker is undergoing treatment for: cervical pain with radiculitis, bilateral wrist and hand pain with dysesthesias, and thoracic spine pain. The treatment and diagnostic testing to date has included: medications, AME (9-9-15), right carpal tunnel release (5-24-04), left carpal tunnel release (2-28-05), magnetic resonance imaging of the cervical spine (5-26-05), cervical epidural steroid injection (5-28-15). Medications have included: Lunesta, eszopiclone, naproxen, pantoprazole. Current work status: noted as per AME, temporary total disability. On 10-13-15, and 11-10-15, she reported right wrist and hand pain rated 6 out of 10, left wrist and hand pain rated 7 out of 10, and neck pain with headaches rated 7 out of 10. Objective findings revealed decreased cervical spine range of motion, positive spurling's test, spasm in the cervical and tenderness in the paraspinals muscles, intact upper extremity sensation, intact deep tendon reflexes of upper extremity, positive bilateral Tinel's and Phalen's with diminished sensation of median nerve distribution. The provider noted a failed cervical epidural injection. The records indicate electrodiagnostic studies resulted in positive findings for carpal tunnel syndrome; however, the results were not further discussed, and the date of the studies is not provided. The request for authorization is for: Carpal tunnel release, right followed by the left; Norco 10-325mg; Tramadol 50mg; Tramadol Hcl ER 150mg; Keflex 500mg; Post-operative physical therapy 3x weekly for 4 weeks; pre-operative labs, EKG, and history and physical. The UR dated 11-12-2015: non-certified the request for Carpal tunnel release, right followed by the left; Norco

10-325mg; Tramadol 50mg; Tramadol Hcl ER 150mg; Keflex 500mg; Post-operative physical therapy 3x weekly for 4 weeks; pre-operative labs, EKG, and history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Release Right followed by the Left: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The carpal tunnel release is not medically necessary. According to the ACOEM guidelines, Chapter 11, page 270, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." Primary record documentation of nerve conduction test results (note or report from the electromyographer) is not provided. ACOEM only allows coverage for patients with positive nerve tests. Per the ACOEM guidelines, carpal tunnel release is not medically necessary.

Pre-operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter (Online Version) Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back (preoperative testing) updated 5/15/15.

Decision rationale: ODG-TWC, Low Back (preoperative testing) updated 5/15/15. The requested procedure is not medically necessary. Therefore, preoperative clearance, preoperative testing (including labs, EKG, CXR and urinalysis) and postoperative therapy including PT, cold unit and brace are not medically necessary. These requests were initiated as adjuncts to the requested procedure and are not medically necessary because the requested procedure is not medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter (Online Version) Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back (preoperative testing) updated 5/15/15.

Decision rationale: ODG-TWC, Low Back (preoperative testing) updated 5/15/15. The requested procedure is not medically necessary. Therefore, preoperative clearance, preoperative testing (including labs, EKG, CXR and urinalysis) and postoperative therapy including PT, cold unit and brace are not medically necessary. These requests were initiated as adjuncts to the requested procedure and are not medically necessary because the requested procedure is not medically necessary.

Pre-operative History and Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter (Online Version) Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back (preoperative testing) updated 5/15/15.

Decision rationale: ODG-TWC, Low Back (preoperative testing) updated 5/15/15. The requested procedure is not medically necessary. Therefore, preoperative clearance, preoperative testing (including labs, EKG, CXR and urinalysis) and postoperative therapy including PT, cold unit and brace are not medically necessary. These requests were initiated as adjuncts to the requested procedure and are not medically necessary because the requested procedure is not medically necessary.

Post-operative Physical Therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back (preoperative testing) updated 5/15/15.

Decision rationale: ODG-TWC, Low Back (preoperative testing) updated 5/15/15. The requested procedure is not medically necessary. Therefore, preoperative clearance, preoperative testing (including labs, EKG, CXR and urinalysis) and postoperative therapy including PT, cold unit and brace are not medically necessary. These requests were initiated as adjuncts to the requested procedure and are not medically necessary because the requested procedure is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: "Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects." ACOEM does not support chronic use of opiates. Per ACOEM, opiates are used only for short-term acute pain exacerbations. The records do not document a short-term exacerbation. The request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS page 113: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS does not support Tramadol. Other more effective first line treatments are available. The request is not medically necessary.

Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS page 113: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS does not support Tramadol. Other more effective first line treatments are available. The request is not medically necessary.

Lunesta 3mg #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: Pain Chapter (Online Version) Eszopicolone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per ODG, Mental Health and Stress.

Decision rationale: Per ODG, Mental Health and Stress, "Pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance." The records do not document an evaluation of potential causes of sleep disturbances. The ODG guidelines are not met. The request is not medically necessary.

Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Res Pharm Pract. 2014 Apr; 3 (2): 62-6. doi: 10.4103/2279-042X.137075. Adherence to American society of health-system pharmacists surgical antibiotic prophylaxis guidelines in a teaching hospital. Rafati M1, Shiva A1, Ahmadi A2, Habibi O2. J Hand Surg Am. 2011 Nov;36(11):1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun;35(6):e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

Decision rationale: Keflex: According to a study by Bykowski et al, "Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery." Perioperative antibiotics are not indicated for this clean case. American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Surgical Infection Society (SIS), and the Society for Healthcare Epidemiology of America (SHEA) guidelines: "The shortest effective duration of antimicrobial administration for preventing SSI is not known; however, evidence is mounting that postoperative antimicrobial administration is not necessary for most procedures." The request is not medically necessary.