

Case Number:	CM14-0125422		
Date Assigned:	08/11/2014	Date of Injury:	07/01/2010
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41-year-old female who has submitted a claim for Carpal tunnel syndrome, right; wrist lesion of the ulnar nerve, right; status post right wrist arthroscopy with excision of the pisiform bone (01/06/11); Dysthymia; Major depressive disorder, recurrent; PTSD; and Caffeine's, associated with an industrial injury date of 07/01/10. Medical records from March to June 2014 were reviewed. Patient apparently sustained an injury while performing in her capacity as a self-sufficiency counselor. Patient apparently had a cumulative injury to her right hand as well as an injury when she slipped and fell on her right hand. No record of any imaging studies done after this injury was submitted with the documents for review. No note of any medications intake, however there was note of patient having steroid injections to the area, without noted improvements. 06/10/14 progress report noted patient had persistent pain, described as pain at the right wrist graded 8/10 in severity with associated numbness, tingling and weakness as well as inability to hold on to objects and edema. On physical examination, patient had restricted right wrist ROM and was positive for orthopedic signs, including Durkin's, Tinel's and Phalen's. Also of note was flattening of the thenar prominence and positive cup sign. The plan was to continue antidepressant medication and psychotherapy; for right carpal tunnel release with flexor tenosynovectomy, decompression of the arterial palmar arch, neurolysis of the median nerve, tenolysis of the flexor tendons, fasciotomy and exploration of the right distal forearm at the brachial fascia; and epineurolysis of the median nerve; pre-operative clearance; and several post-operative managements including a right wrist brace, an IFC unit and supplies, home exercise kit, medications (Keflex, Norco and Tramadol) and post-operative physiotherapy. Treatment to date has included steroid injections and work restrictions. Utilization review dated 07/11/14 denied the requests for Keflex, Norco and Tramadol because the requested procedure was not indicated at the time of examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg #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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/21975095>, "Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases."

Decision rationale: A MTUS and ODG do not address this issue. However, peer-reviewed literature concludes that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery. A search of online resources revealed an article 'Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases.' stating that prophylactic antibiotic administration does not reduce the incidence of SSI after clean, elective hand surgery in an outpatient population. Moreover, subgroup analysis revealed that prophylactic antibiotics did not reduce the frequency of SSI among patients who were found to be at higher risk in this study. We identified 3 factors associated with the development of SSI in our study: diabetes mellitus status, procedure length, and smoking status. 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. In this case, the prospective request for Keflex was ordered to be given as part of her post-operative management. However, there were no documentations to suggest that the requested surgery was indicated nor certified, nor was there any objective indication to necessitate the need for antibiotics at this time. Therefore, the request for Keflex 500mg #20 is not medically necessary.

Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Also, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these

outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In this case, the prospective request for Norco was given as part of her post-operative pain management. However, there were no documentations to suggest that the requested surgery was indicated nor certified, nor was there any objective indication to necessitate the need for opioids. Patient does not meet the criteria for initiation of treatment at this time. Therefore, the request for Norco 5/325mg #60 tablets is not medically necessary.

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid section, Tramadol Page(s): 74-81, 84.

Decision rationale: As stated on pages 74-81 and 84 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. In this case, the prospective request for Tramadol was given as part of her post-operative pain management. However, there were no documentations to suggest that the requested surgery was indicated nor certified, nor was there any objective indication to necessitate the need for opioids. Patient does not meet the criteria for initiation of treatment at this time. Therefore, the request for Tramadol 50mg #60 is not medically necessary.