

<b>Case Number:</b>	CM14-0125713		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 69-year-old female, who reported an injury on 10/06/2002 sustained an injury while attempting to use a spatula to chip ice. The injured worker started hitting the spot on the side of the machine; then, suddenly, her hand slipped and she sustained a bruise on her left hand and left thumb. The injured worker had a history of left wrist tenosynovectomy and carpal tunnel syndrome. The prior diagnostics included an electromyogram, nerve conduction study, and x-rays. The prior treatments included physical therapy and medication. The objective findings, dated 06/10/2014, revealed a positive Tinel's over the left ulnar nerve with some mild intrinsic weakness of the left hand compared to the right. Negative for decreased sensation over the ulnar nerve distribution when compared to the medial nerve. The injured worker had a positive Tinel's, Durkan's, and Phalen's test on the left wrist. Difficult to make a fist with the left hand. The diagnoses included left carpal tunnel entrapment, flexor tenosynovitis to the left wrist and hand, tendon adhesions to the left hand, and left ulnar neuropathy at the elbow, as well as tardy ulnar nerve palsy and weakness to the intrinsic muscles of the left hand, with radicular symptoms to the 4th and 5th digits of the left hand. The medications included tramadol 50 mg, Norco 5/325 mg, and Keflex 500 mg. The treatment plan included left carpal tunnel release, a wrist brace, a Smart Glove, a MicroCool machine, IFC unit, physical therapy, a motorized compression pump. Request for Authorization, dated 08/15/2014, was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex 500mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Cephalexin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Cephalexin (Keflex).

**Decision rationale:** The request for Keflex 500mg #20 is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM), 2nd edition, (2004) and Chronic Pain Medical Treatment Guidelines did not address this issue. The Official Disability Guidelines recommend antibiotic treatment as indicated below. Most cases are handled empirically with the following recommended antibiotics. Recommended Specific Antibiotics for Outpatients: Outpatients with non-purulent cellulitis: Dicloxacillin, Cephalexin, Clindamycin, Clarithromycin, Trimethoprim-sulfamethoxazole). Outpatients with purulent cellulitis: Clindamycin, Tetracycline (minocycline or doxycycline), Trimethoprim-sulfamethoxazole (TMP-SMZ) and Linezolid (second-line). The request did not address the frequency. As such, the request is not medically necessary.

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Norco 5/325mg #60 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation should include the 4 A's. The frequency was not addressed. As such, the request is not medically necessary.