

<b>Case Number:</b>	CM14-0185055		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 30 year old male with an injury date of 06/11/13. The 09/08/14 Secondary Treating Physician's Progress report by [REDACTED] states that the patient presents with continued hand pain with numbness with no significant change along with pain on the ulnar side of the wrist. Examination of the right hand and wrist reveals severe pain at the ulnar styloid with mild crepitus of the wrists along with positive pain on: wrist flexion, extension, and ulnar and radial deviation. The following tests are positive: Tinel's, Phalen's, and Durkan's. The patient's diagnoses are: 1.Right wrist crush2.Right wrist pain3.Right nonunion ulnar styloid process4.Right carpal tunnel syndrome, clinically and EMG positive.The utilization review being challenged is dated 10/07/14. The rationale regarding Keflex is that routine oral anti-biotics following carpal tunnel release is for the most 2-3 days and the request for 30 tablets is not necessary. The rationale regarding Vicodin is that there is not sufficient documentation and contact could not be made to discuss the request. Reports were provided from 11/26/13 to 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Meds x1 Keflex 500mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California CODE of Regulations, Title 8.

**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: ASHP (American Society of Health-System Pharmacists) therapeutic guidelines page 586.

**Decision rationale:** The patient presents with continued hand pain with numbness along with pain on the ulnar side of the wrist. The provider requests for: post-operative meds x 1 Keflex 500 mg #30. MTUS, ACOEM and ODG guidelines do not address post-op antibiotics use. However, the ASHP (American Society of Health-System Pharmacists) therapeutic guidelines page 586 states for "Clean operations involving hand, knee or foot and not involving implantation of foreign materials"--no antibiotics required. The 09/08/14 treatment plan by [REDACTED] states that the patient has been wearing a nocturnal volar wrist splint for 3 months with no significant improvement and surgery is recommended. The 09/11/14 Surgery Authorization request by [REDACTED] is for right wrist carpal tunnel release and open reduction and internal fixation of ulnar styloid process for treating his pain per the recommendation by [REDACTED]. The reports provided do not show this surgery has taken place. In this case, it appears that lacking implantation of foreign materials no antibiotics are required per ASHP above. Therefore, the request is not medically necessary and appropriate.

**Post operative Vicodin 7.5/750mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California code of regulations, title 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with continued hand pain with numbness along with pain on the ulnar side of the wrist. The provider requests for: post-operative Vicodin 7.5/705 mg #60 (Hydrocodone/Acetaminophen, an opioid). The 09/08/14 treatment plan by [REDACTED] states a recommendation that the patient has been wearing a nocturnal volar wrist splint for 3 months with no significant improvement and surgery is recommended. The 09/11/14 Surgery Authorization request by [REDACTED] is for right wrist carpal tunnel release and open reduction and internal fixation of ulnar styloid process for treating his pain per the recommendation by [REDACTED]. The reports provided do not show this surgery has taken place. There is no evidence that the patient has previously used Vicodin or other opiates. A UDS sample was collected on 08/25/14, and the 09/02/14 Urine Toxicology review by [REDACTED] states that the sample was negative for prescription medication and results were consistent with medication management. This report is included and shows testing for opioids and opiates including Hydrocodone. In this case, the reports indicate the patient will be starting opioid use post-operatively. Given the short-duration of the opiate use, along with a specific purpose of pain control following surgery, the request appears medically reasonable.

