

<b>Case Number:</b>	CM14-0036233		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 General Surgery and is licensed to practice in Texas. 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 records presented for review indicate that this 60 year-old female was reportedly injured on September 16, 2010. The injury is reported as an industrial injury. The most recent progress note, dated 3/5/14 indicates that there are ongoing complaints of moderate to severe lumbar spine pain that radiates to the bilateral lower extremity rated 8-9/10. The injured worker also has a trigger finger. The physical examination of lumbar spine demonstrated painful range of motion, spasm, and positive straight leg raise and decreased sensation. Examination of the left hand revealed tenderness to palpation of the flexor and extensor tendons and A1 pulley, and positive triggering. Injured worker is currently taking Norco and Voltaren. Pain is rated 8/10 without medications and 4/10 with medications. The injured worker is temporarily totally disabled for 6 weeks. A request had been made for Left ring/little finger release procedure Voltaren XR 100mg#30, Colace 100 mg, Ultracin topical lotion120ml, Post-operative home care and was not certified in the pre-authorization process on 3/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ring/little finger release procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and hand, Trigger Finger release

**Decision rationale:** The orthopedic hand surgery progress note of 3/3/14 documents that the claimant has triggering of the left 4th and 5th finger due to flexion contracture in the palmar region following carpal tunnel release. However there does not appear to have been any injection therapy. The claimant had been provided a Dynasplint which failed to relieve the triggering as hoped. There is no documentation of any injection therapy having been employed and failed. Therefore the requested operative release is not medically necessary as conservative measures have not been exhausted.

**Voltaren XR 100 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs specific drug list & adverse effects

**Decision rationale:** ODG holds that Voltaren XR is indicated for maintenance therapy. The orthopedic Hand Surgery note of 3/5/14 and 2/3/14 does not show any other oral NSAIDs having been used and failed to warrant the use Voltaren XR. Moreover there is no documentation that this is a chronic situation. Therefore this request remains medically unnecessary.

**Colace 100 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain procedure summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation

**Decision rationale:** The claimant has chronic pain symptoms and has been managed with narcotic. ODG holds that constipation may be reasonably anticipated such that prophylactic treatment of the constipation with stool softeners is reasonable. Therefore the request is medically necessary.

**Ultracin topical lotion 120 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

**Decision rationale:** Ultracin is a compounded topical analgesic that contains menthol, methyl salicylate and capsaicin. There is no evidence to recommend a NSAID dosage form other than an oral formulation for low back pain. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of any other NSAID s having been tried. Therefore the request for Ultracin lotion remains medically unnecessary.

**Post-operative home care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist, and hand procedure sumamry

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Home Health Services

**Decision rationale:** The claimant has proposed trigger finger release to Left 4th and 5th fingers. The request is for post operative Home health services. There is no documentation of the claimant is home bound. The services requested are not enumerated nor discussed to explain the rationale for the request. This seems to be predicated only for the convenience of the claimant without any rationale medical need. Therefore this request remains medically unnecessary.