

Case Number:	CM14-0052229		
Date Assigned:	07/07/2014	Date of Injury:	07/08/1993
Decision Date:	08/07/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland, Virginia, and North Carolina. 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 57 year old female with a documented date of injury on 7/8/93, who complains of painful right thumb triggering. PR-2 dated 3/19/14 notes worsening right thumb pain, weakness and persistent triggering despite bracing. Her pain is decreased with medications and 'not moving thumb'. Examination notes triggering of the right thumb and positive Finkelstein's sign. Request was made for right thumb trigger finger release and refill of Norco 10/325,#60. She is also in follow-up of left hand/finger scar revision. She has completed physical therapy and is transitioned to a home exercise program. PR-2 dated 2/3/14 notes patient complains of weakness and continued triggering of right thumb. Examination notes tender right thumb and wrist, with right thumb triggering and Finkelstein's sign positive. Request was made for continued physical therapy of left hand. Operative report dated 1/21/14 notes scar revision and re-release of triggering of the left third digit. Documentation from 1/7/14 notes request for Norco10/325 # 120 for post-operative use in plans for left 3rd digit surgery. Previous follow-up visits have documented right thumb triggering and request for surgical release. Utilization review dated 4/2/14 did not certify Norco 10/325 mg quantity: 60 (modified to quantity: 45). The Utilization review dated 4/2/14 also did not certify right thumb trigger release. With respect to Norco, per the guidelines, long-term (more than 6 months) use of Opioids should be reassessed for improvements in pain and function. Given that the patient's condition has worsened, continued use of Norco is not indicated but should be weaned from use. With respect to trigger finger release, the patient has not been documented to have undergone a steroid injection and thus surgery is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: The patient is noted to continue to complain of painful triggering of the right thumb. The pain is noted to be lessened with medications; however, as referenced in the medical documentation and utilization review, her clinical condition has worsened overall in terms of function, as her pain has progressed and is present with movement. In addition, no previous steroid injection has been documented to improve the patient's symptoms. From Chronic Pain Treatment guidelines, with respect to opioids, Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months.' Opioids should be discontinued (among other reasons) 'if there is no overall improvement in function, unless there are extenuating circumstances.' As stated above, there has not been overall improvement in function and there are no documented extenuating circumstances to justify continued use except from a weaning perspective. Further, From ACOEM, page 271 with respect to triggering: One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Thus, the request for Norco quantity 60 is not medically necessary but modification for quantity of 45 is medically necessary for weaning, which is consistent with the utilization review.

Right thumb trigger release, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271 and 258. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 273.

Decision rationale: The patient is noted to have persistent right thumb triggering that is painful and affecting the patient's function. However, there has not been documentation of an attempted steroid injection of the right thumb. From ACOEM, page 271 with respect to triggering: One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Further from page 273, table 11-7, surgical considerations are warranted after failure

of non-operative management, which includes an initial injection of a steroid, which has not been documented. Thus, Trigger Release Of The Right Thumb is not medically necessary, as there is no history of a steroid injection of the right thumb in the medical records reviewed.