MAXIMUS Federal Services

Case Number:	CM15-0109893		
Date Assigned:	06/16/2015	Date of Injury:	02/11/2014
Decision Date:	08/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 62 year old female who sustained a work related injury February 11, 2014. Past history included right knee arthroscopy 2011 and right thumb K wire fixation of proximal phalanx fracture and repair of extensor pollicis longus tendon, February 13, 2014. According to a primary treating physician's re-evaluation report, dated March 31, 2015, the injured worker complains of pain in the back of her right thumb with sensations and moderate stiffness and would like to proceed with surgery. Physical examination revealed a 25 degree extension lag at the interphalangeal joint of the right thumb, moderate dysesthesias and allodynia are present in the dorsum of the thumb and distal to the site of the surgical scar isolated to the distribution of the distal branch of the superficial radial nerve. Impression is documented as history of blunt injury involving the right thumb with associated laceration; post injury neuroma of the distal branch of the right superficial radial nerve with extensor pollicis longus tendon scarring. A qualitative urine drug screen was administered during the visit. Treatment plan included at issue, a request for authorization for neurotomy of the distal branch of the right superficial radial nerve, and post-operative Neurontin, Norco, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurectomy of distal branch of right superficial radial nerve embedding the proximal nerve stump in thumb metacarpal with extensor pollicus longus tenolysis of right thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), flexor tenolysis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, hand wrist tenolysis.

Decision rationale: The patient is a 62 year old female who had undergone treatment of a fractured proximal phalanx of the right thumb as well as EPL tendon repair on February 13 2014. She was noted to have neuropathic pain in the distribution of the superficial branch of the radial nerve as a probable result of the surgery. In addition, she continued to have stiffness of the thumb and decreased ROM of the thumb in flexion and extension. She had undergone well-documented conservative management of her injuries including injection to the affected sensory nerve and physical therapy and was noted to be permanent and stationary as of November 2014. However, on further evaluation with worsening of her condition, she was noted to be a candidate for surgical intervention. Her examination was consistent with sensory nerve injury with a positive Tinel's, as well as restricted ROM due to extensor tendon scarring. With her failure of comprehensive conservative management, neurectomy and extensor tenolysis should be considered medically necessary. The planned surgery would likely address her condition and provide possible correction. This is consistent with ODG guidelines for tenolysis (although specific for flexor tendons). This is used to correct tendon adhesions, specifically following tendon repair. From Chapter 11, page 270, ACOEM Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The requesting surgeon adequately addressed the concerns of the UR, including examination findings, conservative management and rationale for surgical treatment.

Post operative Neurontin 600 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18.

Decision rationale: The patient has well-documented chronic neuropathic pain that has responded to Neurontin previously. The patient was certified for surgical treatment of her neuropathy and thus it should be considered medically necessary to continue her neuropathic treatment for a period following the surgical intervention. From page 18, chronic pain treatment guidelines: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective

for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.

Post operative Norco #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82.

Decision rationale: As the surgery was considered medically necessary, treatment of acute pain with narcotics following the surgery should be considered medically necessary. From chronic pain treatment guidelines page 82: A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Surgery can be considered a probable exacerbation of severe pain and thus a short course of opioid treatment should be considered medically necessary.

Post operative Zofran #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 62 year old female with surgical intervention considered medically necessary. However, there has been insufficient justification for post operative Zofran. The patient is not noted to have a history of nausea related to anesthesia and should not be considered prophylactically. Therefore, Zofran should not be considered medically necessary without further justification.