

Case Number:	CM15-0200916		
Date Assigned:	10/19/2015	Date of Injury:	01/30/2006
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 65 year old female who sustained an industrial injury on January 30, 2006. The worker is being treated for: bilateral knee internal derangement, chronic pain, and right wrist pain. Subjective: August 27, 2015, July 27, 2015, June 02, 2015, April 27, 2015, bilateral knees, right wrist and low back pain (nonindustrial). Objective: April 27, 2015, tenderness to palpation at the right wrist along the base of wrist, and first extensor. There is mild weakness with both wrist flexion and extension. Medications: April 27, 2015: Voltaren gel, Norco, Flexeril, and Topamax. June 02, 2015: Flexeril, Topamax, Voltaren XR, Tramadol ER, Trazadone, Neurontin, and Effexor. July 27, 2015: Norco, Lidoderm patches, Voltaren gel, Flexeril, Topamax, Voltaren. August 27, 2015: Voltaren XR, Trazadone, Flexeril, Topamax, Norco, Lidoderm patches and Voltaren gel. Diagnostics: MRI right wrist November 2014, knees radiography, electrodiagnostic nerve conduction study 2012 positive findings, MRI right knee 2013. Treatment: Cortisone injections (right knee), Hyalgan injection, DME cane, carpal tunnel right decompression 2006, electric scooter, DonJoy braces, crutches. On September 30, 2015 a request was made for Norflex ER, Remeron, post-operative Amox-Clavulanate, Gabapentin, Ondansetron, Voltaren XR, Abrasion arthroplasty right thumb base, pre-operative clearance to include: history and physical, laboratory work up, electrocardiogram, chest radiography, post-operative Polar car unit and sling that were noncertified by Utilization Review on October 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abrasion Arthroplasty Arthroscopically to the base of the right thumb: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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, Arthroplasty.

Decision rationale: According to the ODG guidelines, In our series, total joint arthroplasty of the thumb CMC joint has proven to be efficacious with improved motion, strength, and pain relief for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. The patient has end-stage arthritis of the CMC joint. Splinting and analgesics are generally effective for stage I and II CMC arthritis, but this patient has stage III arthritis with collapse of her joint and osteophytes. Her symptoms are unrelieved with analgesics. Per ODG guidelines, CMC arthroplasty is medically necessary.

Remeron 50mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS, page 13, Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This patient has pain from arthritis. The requested surgery is planned to treat the arthritis pain. There is no indication for an anti-depressant in this case because surgery will treat the pain. Therefore, the request for Remeron 50 mg #30 is not medically necessary.

Post - operative Amox - Clavulanate 875/125 quantity 40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2011 Nov; 36 (11): 1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun; 35 (6):e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery? Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

Decision rationale: According to a study by Bykowski et al, Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery. Perioperative antibiotics are not indicated for this clean case. Therefore this request is not medically necessary.

Gabapentin 600 mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). Per MTUS page 18: Gabapentin (Neurontin, GabaroneTM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007) This patient does not have neuropathic pain. She has arthritis pain. Treatment with surgery is appropriate for the patient's pain. Gabapentin is not medically necessary for arthritis pain that will be treated with surgery.

Ondansetron 8 mg quantity 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per ODG, Pain: Antiemetics (for opioid nausea).

Decision rationale: Per ODG, Pain: Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is not appropriate for routine prescribing. It is an appropriate treatment for postoperative nausea. This patient has not had surgery yet. If the patient has nausea, Zofran can be prescribed at that time. The request is not medically necessary.

Voltaren XR 100 mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS page 67, NSAIDs: "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." MTUS recommends only short course of NSAIDs. The patient will be undergoing surgery to treat her arthritis. NSAIDs are not required because she will be undergoing surgery to treat her arthritis pain. The request is not medically necessary.

Norflex ER 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." This patient does not have an acute exacerbation of low back pain. MTUS encourages avoidance of poly-pharmacy. A muscle relaxant is not required at this time because the patient's painful arthritis will be addressed with surgery. The request is not medically necessary.

Pre - operative clearance - history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. There is insufficient evidence to support routine preoperative medical clearance prior to straightforward hand surgery procedures. The hand surgeon can perform a history and physical and refer the patient for preoperative clearance if the history and physical detects any

medical issues. Therefore the request for Pre-operative clearance - history and physical is not medically necessary.

Pre - operative lab; Complete Blood Count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. ODG supports a history and physical with specific lab tests ordered only to evaluate specific findings in the work-up. The records do not document any specific issues that would require a work-up with preoperative lab testing for this low risk procedure. Therefore the request is not medically necessary.

Pre - operative lab; comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. The procedure is not certified, and therefore preoperative lab tests are not required. ODG supports a history and physical with specific lab tests ordered only to evaluate specific findings in the work-up. Therefore, the request for Pre-operative lab: Comprehensive Metabolic Panel is not medically necessary.

Pre - operative lab; electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. This patient is undergoing a low risk procedure and does not have any documented cardiac risk factors. EKG is not medically necessary.

Pre - operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. Therefore, the request for Chest X-Ray is not medically necessary.

Post - operative sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tech Hand Up Extrem Surg. 2012 Jun; 16 (2): 105-6. doi: 10.1097/BTH.0b013e31824e9f43. A modification of the collar-and-cuff sling to elevate the hand. Cooper L1, Ford KE, Sammut D.

Decision rationale: Per Cooper et al, "Elevation of the hand is routinely sought after surgery and with pathology such as inflammation and infection. Many models of sling have been described. The collar-and-cuff model is a traditional low-cost method that is easily learned and applied, is versatile, and customized to each patient. It is, however, frequently misapplied so that it immobilizes the arm but does not produce sufficient elevation." The records do not document the type of sling planned and whether it will be modified to adequately elevate the hand following surgery. Therefore the request for Post-operative sling is not medically necessary.

Post operative polar care unit (days) quantity 21: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm. Wrist, and Hand Complaints, page 265: 'patients' at home applications of heat or cold packs may be used before or alter exercises and are as effective as those performed by a therapist. This patient is having surgery. A cold therapy unit is not medically necessary. Cold packs should be sufficient for postoperative pain.