

Case Number:	CM14-0127997		
Date Assigned:	09/05/2014	Date of Injury:	07/14/2003
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Orthopedic Surgery and Hand 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 injured worker is a 59-year-old who reported an injury on 07/14/2003. The mechanism of injury was repetitive motion. Her diagnoses included bilateral carpal tunnel syndrome, bilateral de Quervain's, bilateral trigger finger, and bilateral mononeuritis multiplex. Her past treatments were noted to have included wrist bracing, work modification, hand therapy, medications, and corticosteroid injections specifically, a 09/27/2013 note indicated that she was offered steroid injections for her left ring finger and right index finger, but declined as she had been treated with multiple steroid injections in the past which had not been effective. Her surgical history was noted to include bilateral carpal tunnel releases, bilateral first dorsal compartment releases, and multiple trigger finger releases on both hands. On 07/16/2014, the injured worker presented with complaints of intractable hand pain with triggering of the right index finger and left ring finger. It was noted that she described constant pain and symptoms of locking, numbness, tingling, weakness, dropping things, and occasional swelling. It was noted she was not proceeding as expected and was a surgical candidate, her medications were well tolerated, she denied side effects, and she was being affected by chronic pain and showing signs of depression. Her medications were noted to include gabapentin, tramadol, metformin, simvastatin, losartan, and glimepiride. The treatment plan included surgical intervention, medication refills, and increased tramadol due to her reported increase in pain. A request was received for a left index finger A1 pulley release surgery, which was recommended as the injured worker was not progressing as expected with conservative treatment, as well as Sprix #40 for 5 days. However, a rationale for this medication was not included in these submitted medical records. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Index Finger, A-1 Pulley Release Surgery: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, Percutaneous release (of the trigger finger and/or trigger thumb)

Decision rationale: According to the California MTUS/ACOEM Guidelines, 1 to 2 corticosteroid injections are usually appropriate to treat trigger finger. However, surgery may be necessary to permanently correct persistent triggering. More specifically, the Official Disability Guidelines state that percutaneous trigger finger release may be recommended for patients with persistent symptoms after steroid injection. According to the submitted clinical documentation, the injured worker has a history of significant pain, difficulty walking, numbness, tingling, and weakness in the left ring finger. It was also noted that she has severe symptoms and profound limitations with difficulty in increased pain with gripping, grasping objects and moving the finger. It was noted she had been treated with extensive conservative treatments including multiple medications, hand therapy and multiple corticosteroid injections. However, it was noted that she had not had benefit with previous corticosteroid injections and declined an injection on 09/27/2013 due to the lack of relief with previous injections. Based on this documentation showing that she has tried and failed corticosteroid injections and has severe symptoms and profound functional limitations, the requested surgical intervention is supported by the evidence based guidelines. As such, the request for a Left Index Finger, A-1 Pulley Release Surgery is medically necessary.

Sprix #40 for 5 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sprix (ketorolac tromethamine nasal spray)

Decision rationale: According to the Official Disability Guidelines, Sprix is a ketorolac tromethamine nasal spray which was FDA approved in 2010 and is recommended for the short term management of moderate to moderately severe pain requiring analgesia at the opioid level. The guidelines go on to say that studies of this product were for short term pain relief after abdominal surgery, but it is not recommended as a first line medication for chronic pain. The clinical information submitted for review indicates that the injured worker has chronic pain in the bilateral upper extremities related to multiple conditions and a significant surgical history. The documentation submitted for review indicates that she was utilizing Gabapentin, Tramadol, and

Anaprox for pain. The 07/16/2014 clinical note indicated that her dose of Tramadol was increased due to increased pain. However, there was no documentation regarding the request for Sprix and as the injured worker was not shown to have severe acute pain and as she is being treated for chronic pain, use of this product is not supported by the evidence based guidelines. In addition, the request as submitted, failed to include instructions for use and a frequency. Consequently, the request for Sprix #40 for 5 days is not medically necessary.