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| Case Number: | CM14-0131551 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 05/15/2012 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Reconstructive Surgery, and is licensed to practice in Maryland, Virginia, 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 49 year old female with a reported date of injury on 5/15/12 who requested authorization for right wrist neurolysis and release of an adhered extensor tendon to the right thumb. Documentation from the primary treating physician on 7/23/14 notes the patient has right radial wrist and right thumb pain with numbness. Current medications include Norco, lidocaine cream, metoprolol, Amlodipine and motrin 600 mg tid. Past medical history includes hypertension and glaucoma. Past surgical history includes bilateral carpal tunnel release, bilateral epicondylar release and bilateral De Quervain's release. Review of systems for GI complaints are negative. Examination notes right thumb abduction and extension at 5 degrees. Thumb is stuck in an adducted position and cannot oppose the small finger. There is tenderness along the right radial wrist scar. There is decreased sensation of the right radial thumb. Recommendations were made for right wrist surgery as recommended by the requesting surgeon given that the patient had failed physical therapy and her nerve conduction study ruled out carpal tunnel syndrome. Activity modifications were made. Justification for Norco is that it provides 100% decrease of the patient's pain and 100% improvement of the patient's activities of daily living. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effect on the patient. The patient shows no aberrant behavior with this medication. The risks and benefits surrounding long-term opioid use for the treatment of chronic pain have been discussed with the patient. Documentation from the requesting surgeon on 7/15/14 notes that the patient has constant right thumb pain and has numbness and tingling on a daily basis. She is not working. She uses medications as well as ice and heat, and LidoPro lotion for her pain. She is able to lift a half gallon of milk. Examination notes the patient cannot extend the right thumb. The patient is diagnosed with tenosynovitis of the first extensor compartment on the right status post release and neuritis along the sensory

branch of the radial nerve. Recommendations are made for continued pain management with Norco and LidoPro lotion and authorization of right wrist surgery. Liver and kidney function tests are needed as this patient takes medication chronically. She is taking Protonix to treat stomach upset. Previous documentation from the requesting surgeon and treating physician note similar findings. She is noted to have undergone physical therapy following her 1st extensor compartment release as well as an additional eight sessions in 2014. She is noted to have used a TENS unit and thumb splint. Previous examination has noted tenderness along the first extensor compartment where the neuroma is noted with numbness along the sensory branch of the radial nerve. Grip is weak. Documentation from 3/7/14 notes that she is able to lift a gallon of milk. Documentation from 2/10/14 notes the patient has completed physical therapy, which did not help her right wrist pain. Her examination notes right thumb abduction and extension at 5 degrees. Thumb is stuck in an adducted position and cannot oppose the small finger. Documentation from 2/4/14 notes the patient had undergone first extensor injection along the sensory branch of the radial nerve that had given her some relief and improvement of motion. Documentation from 1/9/14 notes evaluation/treatment by hand therapy. She is noted to have been provided a home exercise program. Utilization review dated 7/29/14 did not certify the procedure of right wrist neurolysis and release adhesion extensor tendon. Reasoning given was that the documentation did not show evidence of the patient participating in physical therapy or home exercise as recommended by the guidelines. Utilization review dated 7/29/14 did not certify the procedure of right wrist neurolysis and release adhesion extensor tendon. Reasoning given was that the documentation did not show evidence of the patient participating in physical therapy or home exercise as recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of right wrist neurolysis, release adhesion extensor tendon: Overturned

Claims Administrator 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), Treatment Index, 11th Edition (web), 2013, Wrist and hand, Tendon Repairs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271.

Decision rationale: The patient is a 49 year old female who had previously undergone release of right DeQuervain's tenosynovitis, complicated by neuroma formation in the distribution of the sensory branch of the radial nerve as well as scar adhesion of the first extensor compartment. She is documented to have undergone significant conservative management, including physical therapy, injection of the 1st extensor compartment, splinting, activity modification, home exercise program and medical management. Her chronic pain and sensory disturbance has continued and is affecting her function. The previous injection did help to confirm the diagnosis of neuroma formation and gave her temporary relief and temporary improvement in her motion. From ACOEM guidelines page 270, 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. From page 271, The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision. Thus, the patient has failed to respond to significant conservative management and her signs and symptoms support that she is likely to benefit from surgical release of scar formation and neurolysis. She appears to have a complication directly related to her previous surgery as is possible as noted from ACOEM page 271. These procedures have satisfied medical necessity. The utilization reviewer did not appear to have access to medical records documenting her use of physical therapy and a home exercise program, as well as the previous injection confirming the diagnosis. Therefore, this request is medically necessary. Thus, the patient has failed to respond to significant conservative management and her signs and symptoms support that she is likely to benefit from surgical release of scar formation and neurolysis. She appears to have a complication directly related to her previous surgery as is possible as noted from ACOEM page 271. These procedures have satisfied medical necessity. The utilization reviewer did not appear to have access to medical records documenting her use of physical therapy and a home exercise program, as well as the previous injection confirming the diagnosis.

Laboratory blood testing for kidney and liver function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online (<http://labtestsonline.org/understanding/analytes/liver-panel/lab/glance/>) and (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Preoperative lab testing and Preoperative testing, general.

Decision rationale: The patient is a 49 year old female with determined medically necessary procedures. However, the request for liver and kidney function tests was made as 'this patient takes medication chronically.' The specific tests were not listed and medically-indicated reasoning for these tests has not been adequately documented, which is consistent with the utilization review. There are many different laboratory tests that can test aspects of liver and/or kidney function. From ODG low back pain and preoperative testing: Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done

to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In addition from ODG preoperative testing, general, an alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. (AHRQ, 2013) In summary, greater specificity (other than liver and kidney function) is needed with respect to the laboratory testing requested. In addition, specific reasoning is needed for ordering tests, other than 'this patient takes medication chronically'. Thus, laboratory testing for liver and kidney function should not be considered medically necessary. Therefore, this request is not medically necessary.

Norco 10/325 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco 10/325 has been recommended for continued treatment of the patient's right wrist chronic pain. Documentation from the treating physician states that the patient has 100% decrease of the patient's pain and 100% improvement of the patient's activities of daily living, with Norco treatment. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effect on the patient. The patient shows no aberrant behavior with this medication. The risks and benefits surrounding long-term opioid use for the treatment of chronic pain have been discussed with the patient. This had been repeated by the treating physician on multiple visits. From Chronic Pain Medical Treatment Guidelines Opioids, criteria for use, page(s) page 76-80, On-Going Management. Actions Should Include: Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for

Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) 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. The patient is not documented to have improvement in her pain over a greater than 3 month period and has not been documented to have been recommended for evaluation by a pain clinic. Further, from page 80, When to Continue Opioids: If the patient has returned to work, If the patient has improved functioning and pain. The patient has not been documented to have returned to work and there has not been a documented overall improvement in pain or function. The patient's physical examination from 2/10/14 to 7/23/14 is essentially the same. The patient's range of motion of the right thumb is unchanged. The thumb is stuck in an adducted position and cannot oppose the small finger. There is no documented improved function. Based on the documentation there appears to be a decrease in function. The patient was able to lift a gallon of milk as reported on 3/7/14 and only one half gallon as reported on 7/15/14. In summary, the patient is documented to have partially satisfied the requirements for continued opioid use, as outlined in above. However, when evaluating the patient over a greater than 5 month period, there has not been sufficient documentation of an improvement in function, return to work or consideration for pain clinic consultation. Thus, continued opioid use is not medically necessary. As stated in the utilization review, a modified amount of Norco is reasonable for weaning purposes.

Protonix 20 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: It is unclear from the documentation whether the patient is currently taking an NSAID, as there is a discrepancy from the notes of the treating physician and of the requesting surgeon. The most recent documentation from the requesting surgeon on July 15, 2014 does not note the use of an NSAID, just a request for Protonix to treat stomach upset from taking medications. The only pain medication noted is Norco. From Chronic pain medical treatment guidelines, NSAIDs, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use(> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Thus, the medical necessity of Protonix has not been established, as it is unclear if the patient is currently taking an NSAID.

Lidopro lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lidopro lotion is a topical analgesic consisting of Lidocaine, Capsaicin, Menthol and Methyl Salicylate. The patient has chronic pain of the right wrist and has previously been treated with Gabapentin(anticonvulsant) for neuropathic pain. From Chronic Pain Medical Treatment Guidelines Topical Analgesics, page 111-112, these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch(Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Thus, Lidocaine is only recommended in a dermal patch and not as a lotion. Thus, Lidopro, which contains Lidocaine in a lotion form is not indicated and thus should not be deemed medically necessary.