

Case Number:	CM14-0075820		
Date Assigned:	07/16/2014	Date of Injury:	01/20/2014
Decision Date:	06/02/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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 56 year old male who sustained an industrial injury on 1/20/2014. His diagnoses, and/or impressions, are noted to include: blunt head trauma; open right parietal head/scalp laceration - complicated and closed with 12 sutures; right hand/palm/wrist laceration; head injury with concussion with loss of consciousness versus unknown loss of consciousness; back contusion; right 5th digit finger dislocation with inability to extend, resulting in an immediate joint reduction; left thumb abrasion; left ring finger injury; temporal-mandibular joint subluxation; and back and hip pain. The history notes a previous fall injury resulting in open reduction internal fixation of a right distal radius fracture and surgery on his pelvis and ankle. Diagnostic radiology consultation with "CR" right hand/wrist, and chest, are noted on 1/20/2014. Computed tomography studies of the brain, cervical spine, and lumbar spine, for a head laceration, are noted on 1/20/2014. Subsequent x-rays are stated to have been taken by the consulting Orthopedic Surgeon on 1/24/2014, and resulted in immediate surgical intervention. STAT magnetic resonance imaging studies were stated to have been done on the 2/14/2014 post-surgical visit, for possible re-dislocation. Magnetic resonance imaging studies of the right hand are noted on 3/27/2014 for persistent pain. His treatments have included immediate right 5th joint reduction in the Emergency Department; followed by a hand surgeon consultation and immediate right small finger closed reduction and "CMC" joint closed reduction and percutaneous pinning/k-wires, with right palmar wound irrigation and debridement, and closed reduction and percutaneous pinning/k-wires of the left ring finger mallet deformity, under anesthesia (1/24/15); post-surgical x-rays (1/24/14); right upper extremity splint; post-operative

physical therapy; modified work duties; neurology consultation for persistent headaches, dizziness, lightheadedness, and constant tinnitus since his fall; and medication management. The neurology consultation notes of 2/26/2014 noted the physician's requests for treatment to include oral Lamotrigine for headaches. The progress notes of 4/9/2014 noted complaints that included headaches and noted findings of right D5 multiple fractured bones in palm with an abnormal "ESS" score of 10. The physician's requests for treatments included repeat right hand surgery, D5, for complete fist closure, and Lamotrigine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat hand surgery, right D5 for complete fist closure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258.

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

Decision rationale: The patient is a 56 year old male who had suffered multiple traumatic injuries to both hands. Specifically, he had had a dislocation of the right small finger metacarpal phalangeal joint, as well as a fracture of the metacarpal on the same finger. The dislocation was reduced shortly after the injury. MRI evaluation from 3/27/15 noted almost complete healing of the 5th metacarpal head. The patient had begun on NSAIDs, splinting and had undergone initial physical therapy. He had restriction in small finger motion, which can be expected given the short interval in time from the original injury and repair. A request had been made for surgical intervention due to this restriction in motion. Based on the medical record documentation at the time of the request for right small finger secondary treatment, there is insufficient support for surgical intervention. Adequate conservative management had not been completed. In addition, the patient was not noted to have full healing of a bony fracture in the area for surgical intervention. Therefore, the surgical request should not be considered medically necessary. From page 270, ACOEM. Chapter 11 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. As adequate conservative management had not been completed and the bony healing of the metacarpal fracture had not been addressed, surgical treatment to improve range of motion, is not medically necessary.

Lamotrigine 25mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs for pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

Decision rationale: The patient is a 56 year old male with documentation of post-concussive headache and evaluated by a Neurologist on 2/26/14. He recommended treatment with Lamotrigine but did not give a specific justification for use of this medication. It is unclear why Lamotrigine was chosen as a preferred treatment for headache. Chronic pain treatment guidelines provides some information regarding the indications for this use of this medication, which does not include post-concussive headaches. Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). It has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. (Dworkin, 2003) (ICSI, 2007) Furthermore, a recent Cochrane review determined that although there is some evidence that Lamotrigine may be effective for HIV neuropathy and post-stroke pain, this drug does not have a "significant place in therapy at present." This was partly due to the availability of more effective treatments including other AEDs and antidepressants. (Wiffen- Cochrane, 2007) Side-Effect Profile: Lamotrigine is associated with many side effects, including a life-threatening skin rash, Stevens-Johnson syndrome (incidence 1/1000), and it has been reported that up to 7% developed a skin rash that may be dose-dependent. (Wiffen Cochrane, 2007) There is a black box warning regarding skin rashes for this medication. Thus, without specific justification for the use of this medication provided by the requesting physician, it is not medically necessary, as the chronic pain treatment guidelines do not support its use as a first-line medication for neuropathic pain.