

Case Number:	CM15-0026726		
Date Assigned:	02/19/2015	Date of Injury:	05/30/2014
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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 57 year old male, who sustained an industrial injury on 5/30/2014, while taking apart scrap metal, injuring his left hand and stomach area. The diagnoses have included chronic left thumb flexor tendinopathy with stenosing tenosynovitis of the flexor tendon. Treatment to date has included conservative measures. Currently, the injured worker complains of a locked left thumb and interphalangeal joint. Physical exam noted marked tenderness over the A1 pulley and the flexor tendon of the left thumb, with minimal flexion and the interphalangeal and metacarpophalangeal joints. Laboratory drug screenings (1/07/2015, 12/10/2014) were inconsistent with prescribed medications. Prescribed medications included Norco, Protonix, Naproxen, and Cyclobenzaprine. X-ray of the left hand, dated 9/29/2014, noted interval healing distal phalanx left thumb. A computerized tomography scan of the left thumb, dated 10/24/2014, noted minimal deformity of the base of the proximal phalanx of the thumb, with a small defect in the medial cortex and adjacent tiny bone fragment, suggesting an old chip fracture at the base of the phalanx. There also appeared to be a mild deformity of the base of the distal phalanx of the thumb, consistent with an old chip or avulsion fracture. Documentation from December 10, 2014 notes a request for Protonix 20 mg #90 as the patient is stated to be at intermediate risk for GI adverse event and no cardiovascular disease. Documentation from 6/29/14 notes that the patient has a history of hypertension and medications include aspirin. On 1/30/2015, Utilization Review (UR) non-certified a request for left thumb A1 pulley release and trigger thumb release, noting the lack of compliance with MTUS and Official Disability Guidelines. The UR non-certified a request for Protonix 20mg #60, citing MTUS Chronic Pain

Medical Treatment Guidelines and Official Disability Guidelines, and non-certified a request for Cyclobenzaprine 7.5mg #90, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb A1 pulley release and trigger thumb release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient is a 57 year old male with evidence of a painful left trigger thumb. Guidelines recommend 1 or 2 injections of lidocaine/corticosteroids prior to surgical correction. This has not been adequately documented. If there are reasons for not providing an injection, then this should be documented as well. Thus, left trigger thumb should not be considered medically necessary. From ACOEM, page 271: One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering

Protonix 20 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67.

Decision rationale: The patient is a 57 year old male who is certified for Narboxen. A request was made for Protonix. The patient is documented to take concurrent aspirin and thus is at an intermediate risk for GI adverse event. This is consistent with the guidelines and Protonix should be considered medically necessary. Protonix is a type of PPI. The medical documentation noting concurrent use of ASA may not have been available to the UR. From Chronic, pain medical treatment guidelines, page 67: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) Anon-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g 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).

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The patient is a 57 year old male with evidence of a left thumb trigger finger that is painful. Cyclobenzaprine #90 was ordered. Based on Chronic Pain Medical treatment guidelines, this medicine should not be considered medically necessary. Treatment should be brief which is not supported by the number prescribed at #90. Although there may be a post-operative use, based on the number prescribed and that the procedure was not considered medically necessary, this order is not consistent with the guidelines as well. From Chronic Pain Medical Treatment Guidelines, page 41: Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008).