MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: August 14, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Consultation with dermatologist

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Pre-authorization determination reports (03/10/05, 06/09/09, 06/23/09)
- Office visits (08/11/05 - 06/15/09)
- Peer Review, addendum report (04/10/06)
- Laboratory tests (12/08/06)

Additionals from patient

- Laboratory tests (12/08/06)
- Office notes (12/28/06 – 07/15/09)
- Peer Review, addendum report (04/10/06)
- Pre-authorization determination reports (12/27/07)
- Letters (08/09/09)

- Pre-authorization determination reports (06/09/09, 06/23/09)

ODG Criteria has been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old female who sustained injury on xx/xx/xx, due to exposure to toxic gas/chemicals containing phosphoric acid and sodium metasilicate that left burns and scars in her lungs and larynx and subsequent toxic encephalopathy.

In November 2004, the patient underwent upper GI diagnostic endoscopy for gastroesophageal reflux disease (GERD) and laryngospasm and in March 2005, she underwent gastroplasty for morbid obesity. Postoperatively, , M.D., saw her for recurring thrush, which had not responded to Nystatin. Dr. felt inhalation of steroids and weight loss could make her prone to recurrent thrush. He recommended use of fluconazole. In January 2006, Dr. noted the patient had lost 140 pounds. She was concerned about lichen planus ulcers in her mouth and continued weight loss. There were redundant skin folds in triceps and thighs. Dr. recommended plastic surgery for excess skin and use of centrum silver vitamins.

, M.D., an internal medicine, stated due to surgery for massive weight loss a year ago, the patient had a problem with oral thrush. On at least four occasions, she had required treatment with Nystatin suspension or fluconazole. Subsequently, she developed mouth ulcers that had been diagnosed by biopsy to be an erosive Lichen planus. This condition was related to her weight loss surgery as her immune system was compromised from her massive weight loss as well as her underlying work-related pulmonary injury. Dr. referred her to a dermatologist.

In December 2006, the patient underwent direct immunofluorescence examination of the biopsy of the multiple sections of buccal mucosa. The biopsy was negative for cicatricial pemphigoid. , M.D., a dermatologist, recommended use of topical steroids and prescribed Retin A (tretinoin) gel to be applied twice a day to the areas of involvement in the mouth.

In December 2007, , M.D., a dermatologist, noted the Tretinoin gel had not helped. The patient had developed an acute rash with red points on her trunk and subsequently a red, itchy, and painful bump on her right cheek. The associated complaints were tiredness, sore throat, chest pain, cough, shortness of breath, joint pain, and depression. The patient was allergic to dust, lidocaine HCl solution, and sulfa drugs. Examination showed Fitzpatrick Prototype III skin, 1 x 0.5 cm erythematous oval shaped flat papule on the right lateral cheek and 2 x 2 cm erosion with overlying white exudate on right buccal mucosa. Dr. diagnosed contact dermatitis on the right cheek and erosive lichen planus of mouth. She performed intra-lesional injection of triamcinolone acetonide to the right buccal mucosa and right cheek and ordered dexamethasone mouth wash.

In February 2008, , M.D., noted dexamethasone mouth wash had given good results and the patient had responded well to the lesion injection. He noted the patient had been recently admitted to the hospital for the diagnosis of pulmonary MRSA and had been started on IV antibiotics followed by oral medications. She had a history of a granuloma in her right inner ear, which was removed. Dr. performed intra-lesional injection to the right buccal mucosa with triamcinolone, discontinued dexamethasone wash, and recommended follow-up with ENT for dizziness and ringing in the ears.

In the interim, Dr. continued Prilosec and recommended x-rays to ensure that the lap band had not slipped.

In June 2009, , M.D., stated the patient would need follow-up care by Dr. , the GI surgeon, who had performed her lap band surgery, to assess her current problems with gaining weight following multiple courses of antibiotics and steroids for her ongoing work-related respiratory problems. She would likely require adjustment of the lap band to assist with her difficulties in maintaining/losing weight. Dr. stated the patient also needed follow-up care with Dr. for further treatment of her autoimmune disease oral erosive lichen planus, possibly with the treatment of oral injections. In addition, she required follow-up with the nutritionist to assess her continued weight gain and with her maintaining/losing weight.

On June 9, 2009, request for consultation with dermatologist was denied with the following rationale: *The medical report provided for this review contained very limited information to support the necessity of his request. There was no rundown of subjective and objective findings suggesting the diagnosis of erosive lichen planus. The patient's response to prior therapies and goals for this referral other than steroid injections were not apparent in the one page clinical report. Overall, the medical necessity of this requested referral is not established. This request is not certified.*

On June 15, 2009, Dr. wrote a letter of medical necessity indicating the patient should be seen and treated by specialists including Dr. , a GI surgeon; Dr. , a dermatologist; and a nutritionist. Dr. diagnosed chronic respiratory and laryngeal problems, status post laparoscopic band surgery for weight loss with some regain of weight, chronic depression and lichen planus of the tongue. He concurred with the need for specialty follow-up given the complexity of her multiple health problems. He continued the same medication regimen including continuous oxygen at 2 liters/minute, Heliox, Xopenex and Atrovent nebulizer, Clindamycin, Veramyst nasal spray, Flonase, Cymbalta, Wellbutrin, Abilify, Aricept, Namenda, Nexium, BuSpar, Claritin, Simvastatin, meloxicam, Viactiv calcium chews, lactulose solution, Premarin vaginal cream, dexamethasone, Biotin dry mouth care products, and centrum silver chewable multivitamin tablets.

In a letter, the patient reported the following treatment history: *Following the injury, she suffered from various lung and larynx damage including reactive airway dysfunction, occupational asthma, chronic brachial bronchitis, pulmonary fibrosis, diaphragm paralysis, muscle tension dysphonia, GERD, MRSA pneumonia, and loss of ability of speak above a whisper. She was treated by a pulmonologist who performed three bronchoscopies since 2000. Her GERD continued to aggravate her larynx and lung injury as she was aspirating stomach acid into her lungs. That continued to irritate the lesion in her upper airways and lungs. She also suffered from posttraumatic stress, depression, and anxiety. She had multiple and lengthy hospital and emergency room (ER) visits for respiratory distress. After evaluation, Dr. recommended a lap band surgery to correct GERD and considerable weight gain due to long-term steroid use. In March 2005, Dr. performed lap band surgery causing weight loss. Following the surgery and weight loss, her reflux medication was reduced and her lungs were not as inflamed because of the elimination/reduction of aspiration into her lung/larynx and her voice had improved. Since December 2008, she required*

multiple courses of oral antibiotics and steroids after contracting MRSA during a hospitalization that was related to her workplace injury. She was unable to maintain her weight loss and she regained 65 pounds. The lap band was resigned to allow for periodic adjustment depending on weight gain or loss.

On June 23, 2009, an appeal for dermatology consultation was again denied with the following rationale: *The appeal request for consultation with dermatologist is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive adjustment of conservative treatment completed to date or the patient response thereto. There is no indication that the patient's condition has changed requiring a change in treatment regimen. Given the current clinical data, the request is not considered medically necessary.*

On July 25, 2009, Dr. saw the patient in a follow-up. He noted the patient was using betamethasone oral wash for oral lichen planus. Lichen planus was not under great control however, with erosions on the right buccal mucosa. She had an intralesional Kenalog injection with great improvement, but stated that this only helped for approximately one month. She lived in and was only able to return to Colorado every six months. Dr. performed intra-lesional injection with triamcinolone. He stated the following: The patient had a long history of sores in her mouth. These are very painful and interfere with her ability to eat (which in itself has morbidity). She was currently using topical steroids which did not seem to provide any relief to her. Intralesional injections of triamcinolone helped drastically with her symptoms, but only provide a relief for one month. Living in , she was unable to travel for monthly injections. Given the history of chronic MRSA lung infections, oral medications could not be started, which could reduce the immune system and thus put her at higher risk for infections. She needed monthly intra-lesional injections for this and she should be able to get treatment in area. Dr. recommended intra-lesional Kenalog injection and continuing betamethasone mouth wash and follow-up after a month.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The appropriate specialty for chronic erosive lichen planus of mouth would be a dermatologist. Review of the records clearly documents the diagnosis and the need for treatment by the appropriate specialist, a dermatologist.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG DOES NOT ADDRESS THE NEED FOR SPECIALIST CONCERNING LICHEN PLANUS, BUT IS ADDRESSED BY ANDREW'S DISEASES OF THE SKIN, CLINICAL DERMATOLOGY.