

Case Number:	CM13-0017531		
Date Assigned:	01/10/2014	Date of Injury:	05/17/1999
Decision Date:	03/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 52-year-old female with date of injury of 05/17/1999. According to treating physician's report, 08/15/2013, the patient has diagnoses of S/P surgery, left wrist for carpal tunnel release in 2010, right carpal tunnel syndrome and right de Quervain's disease, S/P right carpal tunnel release in 2009. The presenting symptoms indicate resolved left wrist, but constant moderate to severe, sharp right wrist pain, numbness, tingling, and weakness. Jamar grip strength was weak on the right side at 5 kg. The reports 06/26/2013 also has diagnosis of status post right shoulder surgery from 2013. On this report, the patient complained of constant moderate right shoulder pain and the report is by a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity EMG/NCV: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Electrodiagnostic Studies.

Decision rationale: This patient presents with persistent right upper extremity symptoms despite carpal tunnel release back in 2009. The patient underwent right shoulder surgery as well on 03/14/2013. The treating physician report 08/15/2013 indicates that the patient has persistent symptoms right upper extremity with quite weak grip strength. Despite review of all the reports provided in the file, I was not able to determine whether or not the patient has had electrodiagnostic studies in the past. Given the patient's persistent symptoms despite surgeries of the shoulder and right wrist, updated electrodiagnostic studies would be reasonable. ACOEM Guidelines page 262 supports electrodiagnostic studies to help differentiate carpal tunnel syndrome and other conditions such as cervical radiculopathy. The recommendation is for authorization.

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section, Medications for Chronic Pain Section, and NSAIDs Section.

Decision rationale: This patient presents with persistent right shoulder and right upper extremity pain. The treating physician has prescribed Naproxen. However, despite the review of all of the reports from 01/09/2013 to 10/30/2013, there is not a single mention of the efficacy of this medication. The California MTUS Guidelines page 60 and 61 required documentation of pain and function for use of medication for chronic pain. Without a single documentation regarding efficacy and pain assessment as it relates to the use of this medication, ongoing use of naproxen could not recommended. The recommendation is for denial.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section, Medications for Chronic Pain Section, and NSAIDs Section,.

Decision rationale: This patient presents with persistent right shoulder and right upper extremity pain. The treating physician has prescribed ibuprofen. However, despite the review of all of the reports from 01/09/2013 to 10/30/2013, there is not a single mention of the efficacy of this medication. The California MTUS Guidelines page 60 and 61 required documentation of pain and function for use of medication for chronic pain. Without a single documentation regarding efficacy and pain assessment as it relates to the use of this medication, ongoing use of ibuprofen could not recommended. The recommendation is for denial.

Omeprazole 20mg: Upheld

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 Section Page(s): 69.

Decision rationale: This patient presents with persistent shoulder and right upper extremity pain. The treating physician is prescribing omeprazole. However, there is not any mention of the patient's GI risk and cardiovascular risk factors. The California MTUS Guidelines page 69 states that the clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factors and determine if the patient has had risk for GI events before prescribing a PPI. The GI risk events include age greater than 65, history of peptic ulcer, GI bleeding, perforation, concurrent use of aspirin and corticosteroids, and/or anticoagulant, etc. In this patient, despite the review of multiple reports from 01/09/2013 to 10/30/2013, there is not a single mention of gastric events or GI risk factor. The recommendation is denial of the prescribed omeprazole.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 66-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, and Opioids for Neuropathic Pain Section Page(s): 80;82.

Decision rationale: This patient presents with chronic and persistent right shoulder and upper extremity pain. The provider has prescribed tramadol. However, none of the reports reviewed from 09/13/2013 to 10/30/2013 discuss efficacy of this medication. The California MTUS Guidelines page 60 and 61 require documentation of pain and function with the use of medication for chronic pain. For chronic use of opiates, California MTUS Guidelines also recommend documentation of pain and function compared to baseline, functioning measured using numerical scale or validated instrument at least every 6-month interval. The California MTUS Guidelines have other requirements such as documentation of 4 A's that include analgesia, activities of daily living, adverse effects, adverse behavior. In this patient, none of the handwritten reports described efficacy, function, opiates monitoring, etc. The recommendation is for denial.