

<b>Case Number:</b>	CM13-0017935		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 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 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:

This patient is a 62-year-old male with a date of injury of 5/27/12. Per the primary treating physician's report from 8/8/13, the patient presents with pain in the neck and low back with radicular symptoms, particularly in the ulnar nerve distribution. Listed diagnoses are painful scarring of the left hand, status post left carpal tunnel release, cervical strain, radiculitis to the left upper extremity (left C8), right forearm tendinitis, right shoulder tendinitis, low back pain, and radiculitis (right lower extremity L4). Treatment recommendations were Voltaren, Omeprazole, Ultram, Flexeril, and a spinal surgery consultation. Under the treatment plan on 7/11/13, it has Anaprox, requesting authorization for Omeprazole to reduce NSAID gastritis prophylaxis, and requesting authorization for Sprix nasal spray. There was no discussion regarding medication efficacy. The report on 6/28/13 is an electrodiagnostic study of the bilateral upper extremities with bilateral median entrapment. The report on 6/6/13 has a discussion requesting electrodiagnostic studies of the bilateral upper extremities to compare to her preoperative studies to determine if she has double-crush syndrome. A request was also made for a series of two epidural injections. Under subjective complaints, patient continues to have left wrist pain over the scar tissue from the carpal tunnel release, but the numbness was only intermittent. Right shoulder pain and right forearm pain were resolving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 60-61.

**Decision rationale:** This patient presents with persistent chronic neck and upper extremity symptoms. The patient recently had carpal tunnel release. There is a request for Anaprox, which is an NSAID for inflammation and pain. Review of the reports showed that the patient was prescribed Anaprox on 7/11/13 and that Voltaren was prescribed on 8/8/13. Other reports do not list the medications that the patient is taking. MTUS guidelines allows for the use of NSAIDs for chronic pain with documentation of efficacy in terms of pain assessment and function. Guidelines also require that the physician provide monitoring so that appropriate treatments can be recommended. In this case, there is not a mention of this medication's efficacy in the medical records provided for review. Without documentation for medication efficacy in terms of pain assessment and function, ongoing use of medications is not recommended per the MTUS Guidelines. The request is not medically necessary.

**OMEPRAZOLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 60-61.

**Decision rationale:** This patient presents with chronic pain in the neck and upper extremities. There is a request for omeprazole. However, there is no discussion of this patient's GI assessment or GI side effects from the NSAIDs in the records provided for review. The treating physician requests authorization for omeprazole to provide prophylactic GI treatment from use of NSAIDs. However, there is no discussion regarding whether or not the patient has gastritis side effects, and there is no discussion regarding GI risk factors. MTUS guidelines require documentation of GI risk factors, such as the patient's age, history of peptic disorder, gastritis or bleeding ulcers, whether or not the patient had high doses of NSAIDs, concurrent use of aspirin, anticoagulation, etc. Since this information was not provided for review, the request is not medically necessary.

**SPRIX NASAL SPRAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22, 60-61.

**Decision rationale:** This patient presents with chronic neck and upper extremity pains. There is a request for Sprix nasal spray, which is a ketorolac, NSAID intranasal application. However, there is no discussion as to why this medication is required when the patient is already on Anaprox and Voltaren. None of the reports discuss whether or not the patient has tolerated oral medications. There were no discussions regarding medication efficacy or side effects. MTUS guidelines allow for the use of NSAIDs for chronic pain. The primary treating physician's reports do not provide any discussion regarding medication efficacy in terms of pain assessment and function. The MTUS guidelines require documentation of pain and function, as well as monitoring of medical treatments when medications are used for chronic pain. Given the lack of documentation, the request is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with pain over the scar at the wrist where the carpal tunnel release was performed. The treating physician has asked for and performed electrodiagnostic studies of the upper extremities. The rationale was that updated electrodiagnostic studies were required to compare the patient's status prior to surgery. Review of the report from 6/6/13 reveals that the patient only has intermittent numbness and tingling of the hand, and some pain over the scar. ACOEM guidelines allow for electrodiagnostic studies to differentiate peripheral neuropathy, radiculopathies, or focal neuropathies such as carpal tunnel syndrome. In this case, the patient already had electrodiagnostic studies. The patient's carpal tunnel symptoms have improved with only intermittent numbness and tingling. There is no medical support for obtaining updated electrodiagnostic studies when the patient's symptoms are improving. As such, the request is not medically necessary.