

Case Number:	CM13-0033119		
Date Assigned:	12/06/2013	Date of Injury:	09/09/2010
Decision Date:	05/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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:

The injured worker is a 50-year-old male who sustained an injury to his back on September 9, 2010, when he tripped on a rock and fell at work. The patient reports back and neck pain radiating to the right upper extremity. The patient is status post C6-7 anterior discectomy and fusion. The injured worker has continued complaints of neck and shoulder pain with radiation into the right upper extremity. EMG (electromyography)/NCV (nerve conduction velocity) study dated December 14, 2012 identified a bilateral median nerve neuropathy at the wrists. MRI of the right shoulder dated December 17, 2012 identified a 1.5 mm undersurface tear of the distal supraspinatus tendon. Current medications include: Fexmid 7.5 mg, Laxacin 8.6/50 mg, Norco 10/325 mg, Terocin Cream, and Topamax 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG (ELECTROMYOGRAPHY) FOR RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 646 - 647.

Decision rationale: The submitted clinical records indicate the claimant has previously undergone EMG study of the bilateral upper extremities on December 14, 2012. According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, quality electrodiagnostic studies are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis of CTS (carpel tunnel syndrome). As the diagnosis has been established with a prior EMG, a repeat study would not be indicated. There is no indication that there has been a change in neurologic status to warrant addition testing. The request for a repeat EMG for right upper extremity is not medically necessary or appropriate.

REPEAT NCS (NERVE CONDUCTION STUDY) FOR RIGHT UPPER EXTREMITY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 646 - 647.

Decision rationale: The submitted clinical records indicate the claimant has previously undergone NCV study of the bilateral upper extremities on December 14, 2012. According to the Knee Complaints Chapter of the ACOEM Practice Guidelines, quality electrodiagnostic studies are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis of CTS. As the diagnosis has been established with a prior NCV a repeat study would not be indicated. There is no indication that there has been a change in neurologic status to warrant addition testing. The request for a repeat NCS for right upper extremity is not medically necessary or appropriate

FEXMID 7.5 MG (1 TABLET AT BEDTIME), SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66..

Decision rationale: The submitted clinical records indicate the injured worker is status post cervical fusion with chronic pain. The Chronic Pain Medical Treatment Guidelines does not recommend the chronic use of muscle relaxants for the treatment of chronic pain. The records do not indicate the injured worker has chronic myospasm for which this medication is indicated. As such there is no clinical indication for the continued use of this medication and medical necessity has not been established. The request for Fexmid 7.5 mg (1 tablet at bedtime), sixty count, is not medically necessary or appropriate

TEROCIN TOPICAL CREAM (APPLY TO AFFECTED AREA TWO TO THREE TIMES DAILY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The submitted clinical records indicate the injured worker has chronic pain. The injured worker has previously been prescribed this cream. There is no documentation to establish benefit or efficacy. This cream is available as an OTC preparation. As such the continued use of this topical cream would not be supported under CA MTUS and medical necessity has not been established. The request for Terocin topical cream (apply to affected area two to three times daily) is not medically necessary or appropriate.

TOPOMAX 100MG (ONE TABLET AT BEDTIME), NINETY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The submitted clinical records indicate the injured worker has a chronic pain syndrome. The data does not establish the presence of neuropathic pain for which this medication would be clinically indicated. The request for Topomax 100mg (one tablet at bedtime), ninety count, is not medically necessary or appropriate.