

Case Number:	CM13-0042315		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2009
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 55-year-old female with a date of injury of 01/14/2009. The listed diagnoses per [REDACTED] are S/P C5-C7 anterior cervical discectomy and fusion with C4-C5 kyphosis, lumbar stenosis, right shoulder pain following subacromial decompression and Mumford debridement and closed manipulation, left shoulder pain following subacromial decompression and Mumford procedure and closed manipulation, bilateral tennis elbow, right wrist pain following carpal tunnel release, left carpal tunnel syndrome and depression. According to report dated 09/17/2013 Final Determination Letter for IMR Case Number [REDACTED] by [REDACTED], the patient presents with persistent numbness and tingling in her hands. The patient states she continues to drop things. Her neck and back are also symptomatic. Physical examination of the cervical spine reveals tenderness and spasms. The patient is able to flex to a point where her chin is within 2 fingerbreadths of her chest. The wrist bilaterally show positive Phalen's and Tinel's sign. There is tenderness about the thenar eminence. The biceps tendons are also tender. The lumbar paraspinals are noted to be tender with spasm and guarding noted with limited motion of motion. She can flex to 40 degrees and extend to 20 degrees. The provider is requesting an EMG studies, Flexeril 10 mg, and Ambien 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with continued complaints of persistent numbness and tingling in her hands. The provider is requesting an EMG as she continues to be symptomatic and is dropping things. The utilization review dated 10/18/2013 denied the request there is no documentation of progressive neurological deficits. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient presents with increased numbness and tingling in her hands and has positive Phalen's and Tinel's sign. A review of the reports do not show that this patient has had EDX in the past although the injury dates back to 2008. Given the patient's radicular symptoms, a set of EDX are reasonable. Recommendation is for approval.

FLEXERIL 10 MG #90: Upheld

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

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

Decision rationale: The patient presents with continued numbness and tingling in the bilateral hands. The provider is requesting a refill of Flexeril 10 mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, "recommended non sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use for some medication in this class may lead to dependence." In this case, medical records indicate that this patient has been prescribed Final Determination Letter for IMR Case Number [REDACTED] Flexeril since 05/20/2008. Although the patient is noted to have muscle spasms, muscle relaxants are recommended for short-term use only. Recommendation is for denial.

AMBIEN 10 MG #30: Upheld

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

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

Decision rationale: The patient presents with numbness and tingling in the bilateral hands. The provider is requesting Ambien 10 mg to be utilized for sleep as needed. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that "Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days." In

this case, medical records document that this patient has not tried Ambien in the recent past. However, review of reports dated 05/20/2013, 08/20/2013, and 09/17/2013 have no indication that this patient suffers from any sleep issues. This medication is intended for short-term treatment of insomnia, in which this case, the patient does not have. Recommendation is for denial.