

Case Number:	CM13-0042684		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2009
Decision Date:	05/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery 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 claimant is a 43-year-old gentleman who was injured on October 21, 2009. Recent clinical assessment for review of December 10, 2013 indicated a current working diagnosis of subchondral cyst to the right wrist with possible triangular fibrocartilage complex (TFCC) tear and right carpal tunnel syndrome. Subjectively, there were continued complaints of pain about the right wrist and hand with numbness and tingling into the digits. Objectively, there was restricted range of motion at endpoints with positive Phalen's and Tinel's testing at both the median and ulnar nerve distribution to the right wrist. Treatment at that date consisted of medications in the form of Naprosyn, gabapentin, Norco, omeprazole, and topical compounding agents. There was also a request for electrodiagnostic studies of the upper extremities to confirm the presence of carpal tunnel syndrome. A urinalysis was also recommended for urine drug screen purposes. Previous clinical records for review indicate that the claimant had prior electrodiagnostic studies performed October 24, 2012, for which findings were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM guidelines, electrodiagnostic studies to the claimant's upper extremities in this case would not be indicated. CA MTUS states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Clinical records indicate that the claimant already underwent electrodiagnostic studies in late 2012, for which a formal report is unavailable for review. The claimant's physical examination findings are highly consistent with a diagnosis of carpal tunnel syndrome. The lack of documentation of previous electrodiagnostic study findings would currently fail to necessitate further electrodiagnostic testing.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN.

Decision rationale: CA MTUS states, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." The role of a urine drug screen based on California MTUS guidelines would not be indicated. Current clinical records would not indicate misuse or mismanagement of current medications, for which further use of opioid agents would not be indicated. The specific request for the urine test in question would not be supported.

Toradol 60mg and B12 cc injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS chronic pain medical treatment guidelines would not support the chronic use of Toradol in the chronic pain setting. Toradol comes with black box warning that specifically states the medication is not indicated for minor or chronic painful conditions. The specific request in this case would not be supported. There would also be no current clinical indication for need of B12 injections given guideline criteria that would not support any meaningful benefit from the use of the supplement in the chronic pain setting.

Pharmacy purchase of Omeprazole 20mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: CA MTUS guidelines would not support the continued role of Omeprazole. At present, this claimant meets no MTUS guideline criteria for a gastrointestinal risk factor to support the role of this proton pump inhibitor. The specific use of this agent would not be indicated based on the clinical records provided.

Pharmacy purchase of Terocin patches, 10 patches per box, three boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: CA MTUS guidelines would not support the continued role of Terocin patches. CA MTUS states, recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Terocin compound contains amongst other active ingredients capsaicin, which is only indicated for neuropathic pain in situations where first-line agents such as anti-depressants, gabapentin, or Lyrica had failed. The clinical records in this case do not indicate first-line treatment with oral agents. The role of this topical compound that contains capsaicin would not be supported.

Capsaicin compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN, Page(s): 111-113.

Decision rationale: CA MTUS states, "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Once again, as stated in question #5, the role of capsaicin would not be indicated due to lack of documentation of first-line treatment agents for neuropathic disorders.