

Case Number:	CM13-0046589		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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:

According to the records made available for review, this is a 46-year-old female with a 9/10/09 date of injury. The request for authorization is for EMG/ NCV right upper extremity, Norco (Hydrocodone/APAP), #120, Fexmid (Cyclobenzaprine) 7.5 mg, #60, Neurontin (Gabapentin) 600 mg, and Dendracin top lotion, 120 ml. There is documentation of subjective findings of neck pain radiating into the right upper extremity with a stabbing sensation, with numbness and tingling into the right hand, and inability to turn the neck and reach behind the back with the right upper extremity. The objective findings include tenderness to palpation over the right shoulder subacromion and acromioclavicular joint with crepitus, tenderness to palpation over the suboccipital area, upper trapezius, levator scapula and lateral/medial epicondyle of the right elbow, positive impingement test of the right shoulder, positive Tinel's and Cozen's tests of the right elbow, positive Tinel's and Phalen's of the right wrist, decreased range of motion of the right shoulder, right wrist, neck and right elbow, decreased sensation over the right median and ulnar nerve distributions, and atrophy of the right thenar web space. The electrodiagnostic study of the bilateral upper extremities (1/17/13) report revealed no definite evidence of right carpal tunnel syndrome and axonal polyneuropathy. The current diagnoses are right carpal tunnel syndrome and tunnel of Guyon's syndrome at the wrist, right cubital tunnel syndrome, sprain/strain of the cervical spine with myofascial pain syndrome, and rule out CRPS/reflex sympathetic dystrophy of the right upper extremity. The treatment to date includes medications Norco, Fexmid, Neurontin and Dendracin for greater than 3 months, injections, physical therapy, acupuncture, and activity modification. The plan indicates EMG/NCV of the right upper extremity to rule out radiculopathy versus peripheral neuropathy, and refill medications. The Final Determination was based on decisions for the disputed items/services set forth below:

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The California MTUS reference to ACOEM recommends EMG/NCS if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. In addition, MTUS reference to ACOEM does not recommend EMG/NCV before conservative treatment. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Within the medical information available for review, there is documentation of diagnoses including right carpal tunnel syndrome and tunnel of Guyon's syndrome at the wrist, right cubital tunnel syndrome, sprain/strain of the cervical spine with myofascial pain syndrome, and rule out CRPS/reflex sympathetic dystrophy of the right upper extremity. However, despite documentation of a plan indicating EMG/NCV of the right upper extremity to rule out radiculopathy versus peripheral neuropathy, there is no documentation of new or progressive neurological findings since a previous EMG/NCV study of the upper extremities (1/17/13). Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV right upper extremity is not medically necessary.

Norco (Hydrocodone/APAP) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed. The lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Within the medical information available for review, there is documentation of diagnoses including right carpal tunnel syndrome and tunnel of Guyon's syndrome at the wrist, right cubital tunnel syndrome, sprain/strain of the cervical spine with myofascial pain syndrome, and rule out CRPS/reflex sympathetic dystrophy of the right upper

extremity. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of Norco for at least 3 months, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Norco (Hydrocodone/APAP), #120 is not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Section Page(s): 41-42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses including right carpal tunnel syndrome and tunnel of Guyon's syndrome at the wrist, right cubital tunnel syndrome, sprain/strain of the cervical spine with myofascial pain syndrome, and rule out CRPS/reflex sympathetic dystrophy of the right upper extremity. However, there is no documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Fexmid (Cyclobenzaprine) 7.5 mg, #60 is not medically necessary.

Neurontin (Gabapentin) 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs; Gabapentin Section Page(s): 16-19.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, and pain relief and improvement in function as well as documentation of side effects incurred with use, as criteria necessary to support the medical necessity of Gabapentin. Within the medical information available for review, there is documentation of diagnoses including right carpal tunnel syndrome and tunnel of Guyon's syndrome at the wrist, right cubital tunnel syndrome, sprain/strain of the cervical spine with myofascial pain syndrome, and rule out CRPS/reflex sympathetic dystrophy of the right upper extremity. However, despite documentation of neuropathic pain, and given documentation of Gabapentin use for at least 3 months, there is no documentation of pain relief and improvement

in function as well as documentation of side effects incurred with use. Therefore, based on guidelines and a review of the evidence, the request for Neurontin (Gabapentin) 600 mg is not medically necessary.

Dendracin top lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Dendracin (Capsaicin/Menthol/Methyl Salicylate/ Benzocaine) is a topical analgesic used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed as criteria necessary to support the medical necessity of Dendracin lotion. In addition, MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Within the medical information available for review, there is documentation of neuropathic pain. However, given documentation of an associated request for Gabapentin, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, Dendracin lotion contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Dendracin top lotion, 120 ml is not medically necessary.