

<b>Case Number:</b>	CM13-0058803		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 & 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:

The patient is a 52-year-old male with date of injury of 07/21/2013. The treating physician's listed diagnoses from 10/15/2013 are:1. Cervical disk syndrome.2. Left rotator cuff syndrome.3. Right carpal tunnel syndrome.4. Right De Quervain's disease. According to this report, the patient complains of continuous neck pain with radiation to the left shoulder with numbness in both hands. He also complains of continuous pain in the left shoulder that radiates to the left upper back region. The patient also reports right wrist/hand and thumb pain. The examination shows active cervical ranges of motion produce localized pain and spasm. Positive impingement and empty can - supraspinatus test are noted in the left shoulder. Wrist and hand reveals tenderness to palpation over the dorsal aspect of the right thumb. Right thumb demonstrates guarded and limited movements secondary to increased pain. Positive Tinel's and Phalen's sign were noted in the right shoulder. Finkelstein's test is positive in the right thumb. The documents include an MRI of the left shoulder from 05/07/2014 and progress reports from 07/26/2013 to 04/08/2014. The utilization review denied the request on 11/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262;178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb, and right hand pain. The treater is requesting an EMG OF THE LEFT UPPER EXTREMITY. The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The records do not show an EMG of the left upper extremity. The 07/26/2013 report notes that the patient continues to complain of left shoulder pain with radiating symptoms to the left side of the neck. There is decreased strength in the left shoulder and upper arm. The 10/15/2013 report notes continuous neck pain with radiating symptoms to the left shoulder and left shoulder pain with radiating symptoms to the left upper back region. Positive impingement and empty can - supraspinatus test were noted in the left shoulder. The patient does present with radicular symptoms for which an EMG/NCV study is indicated. The request is medically necessary.

**60 Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb and right hand pain. The treater is requesting OMEPRAZOLE. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 12/10/2013. It appears that the treater is prescribing omeprazole in conjunction with Relafen. While the patient is on anti-inflammatory medication, the treater does not provide any documentation regarding GI risk assessment. The patient is not older than 65, and no other risk factors are present. Furthermore, the patient does not present with any GI issues that would require use of this medication. The request is not medically necessary.

**30 Tramadol 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb and right hand pain. The treater is requesting TRAMADOL. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioid may be tried at this time. The records show that the patient does not have a history of Tramadol use. However, the treater does not discuss failed conservative treatments including failure of the patient's current medication regimen. The request is not medically necessary.

**Fluriflex topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111.

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb and right hand pain. The treater is requesting FLURIFLEX TOPICAL CREAM. The MTUS Guidelines page 111 on topical analgesic states that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Fluriflex cream is a combination of flurbiprofen 15% and cyclobenzaprine 10%. Cyclobenzaprine is not recommended in topical formulation. The request is not medically necessary.

**NCV of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262 and 178..

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb, and right hand pain. The treater is requesting an NCV OF THE LEFT UPPER EXTREMITY. The

ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The records do not show an NCV of the left upper extremity. The 07/26/2013 report notes that the patient continues to complain of left shoulder pain with radiating symptoms to the left side of the neck. There is decreased strength in the left shoulder and upper arm. The 10/15/2013 report notes that the patient reports continuous neck pain with radiating symptoms to the left shoulder and left shoulder pain with radiating symptoms to the left upper back region. Positive impingement and empty can - supraspinatus test were noted in the left shoulder. The patient does present with radicular symptoms for which an EMG/NCV study is indicated. The request is medically necessary.

**MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter on MRI

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb, and right hand pain. The treater is requesting an MRI OF THE CERVICAL SPINE. The ACOEM Guidelines have the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in a strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. ODG also states that MRI imaging studies are valuable when physiologic evidence indicate tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection and fracture or for clarification of anatomy prior to procedure. The treater is requesting an MRI of the cervical spine to rule out "soft tissue trauma, cartilage damage or tendonous and ligamentous tears." The 10/15/2013 report notes that the patient continues to complain of neck pain with radiating symptoms to the left shoulder. The patient experiences numbness in hands and increased pain when turning the head from side to side, flexing and extending. Positive impingement and empty can supraspinatus tests are noted in the left shoulder. Given that the patient has not had an MRI of the cervical spine and the reports show radiating symptoms, the request is reasonable. The request is medically necessary.

**Baseline urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

**Decision rationale:** This patient presents with neck, left shoulder, right wrist, right thumb, and right hand pain. The treater is requesting a URINE TOXICOLOGY SCREENING. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. The records do not show any previous urine drug screens. The 10/15/2013 report notes that the patient's current medication only includes Naproxen. In this case, the patient is not currently on any opiates that would warrant the need for a urine drug screen. The request is not medically necessary.