

Case Number:	CM14-0000380		
Date Assigned:	01/17/2014	Date of Injury:	05/29/2009
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 55 year old female who reported an injury on 06/01/2009. The mechanism of injury was not provided. Per the 11/08/2013 clinical note, the injured worker reported right wrist pain. Objective findings included limited cervical spine range of motion, tenderness to palpation over the trapezius and paravertebral muscles bilaterally, and positive shoulder depression and Spurling's tests. In the C5 nerve root, muscle strength was noted at 5/5 on the right and 4/5 on the left with decreased sensation. Muscle strength was 5/5 and sensation was normal in the C6 and C7 nerve roots bilaterally. In the C8 nerve root, muscle strength was 5/5 on the left and 4/5 on the right with decreased sensation. Brachioradialis and triceps tendon reflexes were 2+ bilaterally. The injured worker's diagnoses included chronic cervical strain, right shoulder rotator cuff syndrome, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. The injured worker's medication regimen included Lodine and Motrin. An EMG/NCV was performed in April 2013. The request for authorization form for a bilateral EMG/NCV, Motrin, and a urinalysis was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800MG TABS #120 1 TABLET BY MOUTH EVERY 8 HOURS WITH FOOD:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS, Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON ANTI-INFLAMMATORY MEDICATIONS, Page(s): 22.

Decision rationale: The request for Motrin 800mg tabs #120 1 tablet by mouth every 8 hours with food is non-certified. The CA MTUS Guidelines state anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records provided indicate the injured worker has an ongoing prescription for Lodine since at least 08/13/2013. The provider noted it was prescribed as a first line therapy for the injured worker's cervical pain. The 11/08/2013 clinical note recommended the injured worker continue Motrin as a first line therapy. It is unclear when Motrin was first prescribed or the rationale for adding an additional anti-inflammatory medication. There is a lack of documentation regarding the injured worker's functional improvement or pain relief from Motrin. As such, the request is non-certified.

EMG/NCV BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG/NCV bilateral upper extremities is non-certified. ACOEM states electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines further state, electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. Nerve conduction studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The medical records provided indicate the injured worker has a diagnosis of right carpal tunnel syndrome. A previous EMG/NCV was performed in April 2013. The results of that study were not present in the medical record. There is no indication the injured worker has experienced a significant change in symptoms to warrant a repeat EMG/NCV. As such, the request is non-certified.

URINALYSIS FOR FOLLOW UP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, AND ONGOING MANAGEMENT. URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, Page(s): 43.

Decision rationale: The request for urinalysis for follow up is non-certified. The CA MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided do not indicate the injured worker

is taking any narcotics to warrant a urine drug screen. As of 11/08/2013, only Lodine and Motrin were noted. The medical necessity for a urinalysis was not established. As such, the request is non-certified.