

Case Number:	CM14-0001622		
Date Assigned:	01/22/2014	Date of Injury:	08/03/2011
Decision Date:	03/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of August 3, 2011. A utilization review determination dated January 2, 2014 recommends non-certification of EMG/NCS of the bilateral upper extremities, Valium 5mg #60, and Prilosec 20mg #60. The previous reviewing physician recommended non-certification of EMG/NCS of the bilateral upper extremities due to radicular pain being clinically obvious; non-certification of Valium 5mg #60 due to lack of evidence based guidelines support for long term use; and non-certification of Prilosec 20mg #60 due to lack of documentation of evidence of a gastrointestinal complaint or diagnosis or indication for increased risk for GI events. A Nerve Conduction Study and Electromyogram of the right arm dated 1/30/13 identifies studies on the right arm are well within the range of normal and a normal electromyogram of the right arm. A New Patient Consultation dated December 19, 2013 identifies he had a bilateral upper extremity EMG/NCV on 1/4/12 and after that an MRI of the cervical spine without contrast was ordered. He has tried physical therapy, but does not feel that it has helped with his pain. Since the shoulder surgery, he has noted increased right upper extremity pain, which he describes as burning and warm. Light touch is painful to his right upper extremity. The pain travels down his right arm into the elbow, as well as down to the wrist. He notes decreased movement of his wrist. The patient underwent a cervical MRI on 4/1/13, which showed the patient is status post anterior cervical fusion at C6-7. The bone appears to bridge form a disc space. There is artifact compatible with ventral plating, which is unchanged. There is cervical disc degeneration with mild posterior disc/osteophyte complex at C5-6. There is cervical disc degeneration with minimal posterior disc/osteophyte complex at C7-T1. Physical Examination identifies strength is 5-/5 in the right upper extremity and 5/5 in the left upper extremity. Sensation to light touch causes increased pain over the entire right upper extremity. Impression includes right shoulder pain, chronic pain syndrome, right elbow pain, right wrist

pain, reflux sympathetic dystrophy of the upper extremity, and allodynia of the right upper extremity. Discussion includes refill diazepam for muscle spasms, omeprazole to help with gastrointestinal upset from chronic NSAD use. The goal of EMG/NCV is to assess the nerve root dysfunction versus an upper extremity entrapment neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of the Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212; 33; 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCS of the bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there is documentation of symptoms and findings consistent with reflex sympathetic dystrophy. Prior electrodiagnostic studies were normal. There is no clear rationale for which a repeat electrodiagnostic study would be indicated, such as new subjective complaints or a change in objective examination. In the absence of such documentation, the currently requested EMG/NCS of the bilateral upper extremities is not medically necessary.

1 Prescription of Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for 1 prescription of Valium 5mg #60, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, there is documentation that Valium is being prescribed for muscle spasms. However, there is no documentation identifying any objective functional improvement as a result of the use of the Valium. Finally, there is no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested 1 prescription of Valium 5mg #60 is not medically necessary.

1 Prescription of Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for 1 prescription of Prilosec 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation that omeprazole is being prescribed to help with gastrointestinal upset from chronic NSAD use. As such, the currently requested 1 prescription of Prilosec 20mg #60 is medically necessary.