MAXIMUS Federal Services

Case Number:	CM14-0004717		
Date Assigned:	01/22/2014	Date of Injury:	11/15/2011
Decision Date:	08/15/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 73 year old female with an injury date of November 15, 2011. Based on the August 15, 2013 progress report provided by [redacted]., the patient complains of frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. Her diagnoses includes left shoulder pain, tendinopathy; left hand and wrist pain/ CTSAnxiety, [redacted] is requesting , electromyography (EMG), nerve conduction velocity study (NCS), physical therapy 2 x 4, norco 5/325 BID #60, voltaren ER 75 mg BID #60, prilosec 20 mg #30, and terocin lotion 2 bottles as listed on RFA < report states one bottle. The utilization review determination being challenged is dated December 31, 2013. [redacted] is the requesting provider, and he provided treatment reports from May 24 toi December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for an electromyography (EMG) of the upper extremities. Review of the reports do not provide any previous EMG's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. An EMG may help the treater pinpoint the cause and location of the patient's symptoms. The request for an EMG is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY STUDY (NCS): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for a nerve conduction velocity study (NCS). Review of the reports do not provide any previous NCS's that may have been conducted. For EMG, ACOEM Guidelines page 262 states, Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. A NCS may help the treater pinpoint the cause and location of the patient's symptoms. The request for an NCS is medically necessary and appropriate.

Physical therapy twice weekly for four weeks: Upheld

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

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

Decision rationale: constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for physical therapy 2 x 4. Review of the reports do not mention a any physical therapy sessions the patient may have had. The Chronic Pain Medical Treatment Guidelines states that for Myalgia and myositis, nine to ten visits are recommended over eight weeks. For Neuralgia, neuritis, and radiculitis, eight to ten visits are recommended. There is no indication of why the treater has requested for physical therapy or if the patient has already had any physical therapy. If the patient did have previous physical therapy, it is unknown how many total sessions they have had or the benefit the therapy had on the patient. The request for physical

therapy twice weekly for four weeks is not medically necessary or appropriate.

Norco 5/325 sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for Norco 5/325 BID #60. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs [activities of daily living], adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in the Chronic Pain Medical Treatment Guidelines. The request for Norco 5/325 sixty count is not medically necessary or appropriate.

Voltaren ER 75 mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for Voltaren ER 75 mg BID #60. The patient has been taking Voltaren since 05/24/13. The Chronic Pain Medical Treatment Guidelines support NSAIDs for neuropathic pain with mixed conditions. In this patient, the treater does not provided any documentation regarding medication efficacy. None of the reports state what this medication is doing for the patient's pain. MTUS page 60 require documentation of function and pain when medications are used for chronic pain. The request for Voltaren ER 75mg sixty coutn is not medcially necessary or appropriate.

Prilosec 20 mg thirty count: 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 & cardiovascular risk.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for Prilosec 20 mg #30. The Chronic Pain Medical Treatment Guidelines supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. The request for Prilosec 20 mg, thrity count, is not medically necessary or appropriate.

Terocin lotion two bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams(p111, chronic pain section):Topical Analgesics.

Decision rationale: According to the August 15, 2013 report by [redacted], the patient presents with frequent, constant moderate left wrist pain and difficulty with ADL's involving left upper extremity. The pain extends to her left shoulder and neck and she has decreased grip in her left hand. The request is for Terocin lotion 2 bottles as listed on RFA. The Chronic Pain Medical Treatment Guidelines states that it is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). However, there is no documentation of any trial of first-line therapy. The request for Terocin lotion is not medically necessary or appropriate.