

Case Number:	CM14-0006896		
Date Assigned:	02/07/2014	Date of Injury:	08/27/2013
Decision Date:	07/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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 37-year-old male who has filed a claim for bilateral carpal tunnel syndrome and plantar fasciitis associated with an industrial injury date of August 27, 2013. Review of progress notes reports worsening pain in both feet radiating to both legs, and pain in the left wrist and both hands radiating to the arms. The pain is associated with tingling, numbness, and weakness of the hands and feet. Findings include positive Tinel's sign on the right and positive Phalen's sign bilaterally, and decreased sensation at the bilateral median nerve distribution. There is tenderness over the bilateral heels. Treatment to date has included NSAIDs, opioids, gabapentin, cold and warm therapy, massages, and steroid shots to the feet. Utilization review from December 19, 2013 denied the request for EMG of bilateral upper extremities as EMG is not necessary to diagnose carpal tunnel syndrome, Flexeril 7.5mg as there is no documentation of muscle spasm, Prilosec 20mg as there is no documentation of gastric distress, and Dendracin lotion as neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS ACOEM criteria for electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, patient presents with symptoms suggesting carpal tunnel syndrome. An NCV has been authorized for diagnostic purposes, and additional EMG is not necessary. Previous utilization review determination, dated December 23, 2013, has already certified this request. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

FLEXARIL 7.5 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They may be effective in reducing pain and muscle tension/spasms, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation of muscle spasms or acute exacerbations of musculoskeletal pain. Therefore, the request for Flexeril 7.5mg #60 was not medically necessary.

PRILOSEC 20 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for gastrointestinal (GI) events. Risk factors include age greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of proton pump inhibitor (PPI) greater than 1 year has been shown to increase the risk of hip fracture. In this case, the patient does not report any adverse GI symptoms, and does not have the abovementioned risk factors. Therefore, the request for Prilosec 20mg #60 was not medically necessary.

DENDRACIN LOTION QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Dendracin contains methyl salicylate, menthol, and capsaicin 0.0375%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. There are no studies of a 0.0375% formulation, and no indication that this increase over 0.025% provides further efficacy. There is no documentation regarding intolerance to or failure of oral pain medications. Therefore, the request for Dendracin lotion was not medically necessary.