

Case Number:	CM14-0109900		
Date Assigned:	08/01/2014	Date of Injury:	08/20/2013
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist and neck pain reportedly associated with an industrial injury of August 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; topical compounds; wrist splinting; and extensive periods of time off of work. In a Utilization Review Report dated June 23, 2014, the claims administrator approved a request for urine drug testing, denied a request for electro diagnostic testing of the bilateral upper extremities, denied a request for topical compounded drugs, denied a request for naproxen, denied a request for Tramadol, denied a request for Omeprazole, and denied a request for chiropractic manipulative therapy. The applicant's attorney subsequently appealed. On December 18, 2013, the applicant reported multifocal neck, bilateral shoulders, and left hand pain, ranging from 5-8/10 with associated burning sensation and paresthesias about the left hand and digits. 5/5 bilateral upper extremity strength was nevertheless appreciated. MRI imaging of the shoulder, acupuncture, physical therapy, and manipulative therapy were endorsed. A rather proscriptive 10-pound lifting limitation was also suggested. It did not appear that the applicant was working with said limitation in place. In a handwritten note dated April 9, 2014, the applicant reported persistent complaints of left hand pain, 8/10, with an associated burning sensation. Right shoulder pain radiating into the elbow was also appreciated. 12 sessions of therapy, Topical Compounds, extracorporeal shock wave therapy, and work restrictions were endorsed. In a May 6, 2014 progress note, handwritten, not entirely legible, the applicant was asked to obtain an MRI of the left hand and orthopedic referral. In another handwritten note dated April 15, 2014, the applicant presented with left hand pain with associated burning and paresthesias. The applicant also reported right shoulder pain with associated burning and paresthesias. Limited range of motion

was noted about multiple body parts. MRI imaging of the shoulder, MRI imaging of the left hand, electro diagnostic testing of the bilateral upper extremities and 12 sessions of chiropractic manipulative therapy were endorsed. There was no mention of what medication the applicant was using. There was no discussion of medication efficacy or lack thereof. Earlier electro diagnostic testing of January 24, 2014 was notable for chronic C7 nerve root irritation on the left side, a moderate right-sided carpal tunnel syndrome, and a mild-to-moderate left-sided carpal tunnel syndrome. A Guyon canal syndrome, mild, was also appreciated about the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG(Electromyography) upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does support repetition of electro diagnostic testing later in the course of treatment if earlier testing was negative, in this case, however, the applicant has already had prior electro diagnostic testing of January 24, 2014 which was positive and did establish diagnosis of bilateral carpal tunnel syndrome as well as C7 nerve root irritation, chronic. It is unclear what role repeat electro diagnostic testing would serve here, in light of the earlier positive electro diagnostic testing. Therefore, the request is not medically necessary.

NCV(Nerve Conduction Velocity Test) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does recommend repetition of electro diagnostic testing later in the course of treatment if symptoms persist in applicants in whom earlier testing was negative, in this case, however, earlier testing was positive and did definitive established diagnosis of bilateral carpal tunnel syndrome, electro diagnostically confirmed, superimposed on issues with his C7 nerve root irritation, chronic. It is unclear what role repeats testing would serve here as earlier testing was, in fact, positive and did definitively establish the diagnosis at issue. Therefore, the request is not medically necessary.

Compound Cream: Flurbiprofen 120mg, Ketoprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the cream in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome/chronic neck pain/chronic wrist pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is seemingly off of work. A rather proscriptive 10-pound lifting limitation remains in place. The applicant remains highly reliant and highly dependent on numerous forms of medical treatment, including topical compounds, acupuncture, physical therapy, manipulative therapy, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20, despite ongoing usage of Naproxen. Therefore, the request is not medically necessary.

Tramadol 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with rather proscriptive limitations in place. The attending provider's handwritten progress notes failed to outline any

tangible or material decrements in pain or improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of Proton Pump Inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the handwritten documentation on file, namely the handwritten progress notes referenced above, made no explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Chiropractic 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines-Chiropractic guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, Manipulative Therapy is not recommended for issues involving the forearm, wrist, and/or hand, which appear to be the primary pain generators here. It is further noted that, while pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant does not appear to be working with rather proscriptive limitations in place. The treating providers have failed to outline any successful improvements in function, despite unspecified amounts of chiropractic manipulative therapy over the life of the claim. Therefore, the request is not medically necessary.