

Case Number:	CM14-0011578		
Date Assigned:	02/21/2014	Date of Injury:	03/22/2012
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 55-year-old female who has submitted a claim for probable disc protrusion of the cervical spine, right carpal tunnel syndrome, possible reflex sympathetic dystrophy of right upper extremity, and right shoulder rotatory cuff injury status-post repair associated with an industrial injury date of 03/22/2012. Medical records from 2012 to 2014 were reviewed. Patient complained of pain at cervical spine radiating to bilateral upper extremities, right worse than left. Pain radiated to the right shoulder, right arm, and right wrist. This resulted to difficulty performing household chores. Physical examination revealed tenderness and muscle spasms from C3 to T2 levels. Range of motion of both the cervical spine and right shoulder was restricted on all planes. Cervical spine flexors and extensors were grossly tested at 3/5; right shoulder muscles at 3-/5. Profound weakness was noted at C5-C7 myotomes, right. Right grip tested at 10 pounds, while left grip at 30 pounds using a dynamometer. Drop arm test at right was positive. Right forearm was positive for tenderness and swelling. MRI of the cervical spine, dated 01/21/2014, revealed minimal central canal stenosis at C5-C6 secondary to a 3 mm left paracentral broad-based disc protrusion; disc bulge noted at C3-C4, C4-C5, and C6-C7 levels without stenosis. EMG/NCV of bilateral upper extremities, dated 03/22/2012, revealed right mild compression of the median nerve at the carpal tunnel without evidence of entrapment neuropathy or cervical radiculopathy. MRI of the right shoulder, dated 12/14/12, revealed distal supraspinatus and infraspinatus tendon tendinosis/strain without evidence of full-thickness rotator cuff tear; and mild acromioclavicular degenerative changes. MRI of the right shoulder, dated 11/15/2013, revealed AC arthritis, tendinosis of the rotator cuff, and no definitive tears, as stated in a report, dated 12/05/2013. Treatment to date has included right shoulder arthroscopic repair on 04/12/2013, right carpal tunnel release on 04/12/2013, right shoulder subacromial cortisone injection, physical therapy, and medications such as, Medrol dosepak and ibuprofen.

Utilization review from 01/16/2014 denied the requests for MRI of the right shoulder because a recent MRI on November 2013 was already accomplished, EMG/NCV of bilateral upper extremities due to lack of documentation regarding failure of conservative management which addressed radicular symptoms, compression bandage of right upper extremity because acute injury is not documented recently, Anaprox 550mg, #60 due to lack of documentation if it provided beneficial effects to the patient; Protonix 20mg, #60 because patient did not complain of gastrointestinal symptoms; Neurontin 300mg, #60 because patient's symptoms were not consistent with neuropathic pain; and Norco 2.5-325, #240 because other conservative pain management strategies have not been tried yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient underwent right shoulder arthroscopic repair on 04/12/2013 and post-operative physical therapy. However, patient complained of persistent right shoulder pain corroborated by objective findings of tenderness, limitation of motion, positive drop arm test, and weakness. A progress report, dated 12/05/2013, cited that MRI of the right shoulder (11/15/2013) revealed AC arthritis, tendinosis of the rotator cuff, and no definitive tears. There is no documented rationale why repeat imaging is necessary at this time when recent imaging was already obtained. Therefore, the request for a MRI of the right shoulder is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: Page 537 of CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities, right worse than

left, associated with weakness. A previous EMG/NCV of bilateral upper extremities, dated 03/22/2012, revealed right mild compression of the median nerve at the carpal tunnel. This eventually led to carpal tunnel release on 04/12/2013. Recent MRI of the cervical spine, dated 01/21/2014, revealed minimal central canal stenosis at C5-C6 level. There is no clear indication for repeating EMG at this time since the patient's presentation is consistent with a focal neurologic deficit, and corroborated by imaging study; and a recent change or progression in objective findings was not documented. Therefore, the request for electromyography (EMG) of the bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities, right worse than left, associated with weakness. A previous EMG/NCV of bilateral upper extremities, dated 03/22/2012, revealed right mild compression of the median nerve at the carpal tunnel. This eventually led to carpal tunnel release on 04/12/2013. Recent MRI of the cervical spine, dated 01/21/2014, revealed minimal central canal stenosis at C5-C6 level. There is no clear indication for repeating NCV at this time since the patient's presentation is consistent with a focal neurologic deficit, and corroborated by imaging study; and there is no change or progression in objective findings. Therefore, the request for nerve conduction velocity (NCV) of the bilateral upper extremities is not medically necessary.

COMPRESSION BANDAGE RIGHT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Compression Garments

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that compression garments are recommended because of good evidence; however, little is known about dosimetry in compression, for how long and at what level

compression should be applied. High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. In this case, patient has persistent right upper extremity pain associated with weakness, tenderness, and swelling of the forearm. Compression garment may aid in decreasing the progression of swelling. The medical necessity has been established. Therefore, the request for compression bandage right upper extremity is medically necessary.

ANAPROX 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has persistent pain at the cervical spine and right upper extremity. Physical examination of the right forearm revealed tenderness and swelling. NSAIDs may be necessary to decrease inflammation at the affected area. The medical necessity has been established. Therefore, the request for Anaprox 550MG #60 is medically necessary.

PROTONIX 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed with proton pump inhibitors (PPI). In this case, patient was started on both opioids and NSAIDs. Patient reported gastric upset symptoms. The medical necessity for a PPI has been established. Therefore, the request for Protonix 20MG #60 is medically necessary.

NEURONTIN 300MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: Page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered a first-line therapy for painful polyneuropathy and central pain. In this case, patient has persistent cervical spine pain radiating to the right upper extremity. Patient's presentation is consistent with neuropathic pain. Furthermore, MRI of the cervical spine revealed canal stenosis at C5-C6 with broad-based disc protrusion. EMG/NCV revealed right mild compression of the median nerve. The medical necessity has been established. Therefore, the request for Neurontin 300MG #60 is medically necessary.

NORCO 2.5-325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-81.

Decision rationale: According to pages 76-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. In this case, prescriptions for both naproxen and Norco were started simultaneously. There is no discussion concerning why opioid should be initiated together with NSAID without an initial assessment of patient's response to naproxen. There is no clear indication for opioid management at this time. Therefore, the request for Norco 2.5-325 #240 is not medically necessary.