

<b>Case Number:</b>	CM14-0012526		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 51-year-old female who has filed a claim for cervical sprain/strain associated with an industrial injury date of August 30, 2011. Review of progress notes indicates headaches with blurring vision and balance problems, neck pain radiating to the right upper extremity, right shoulder/wrist/hand pain, and right heel plantar pain. Patient reports sleep difficulty, and symptoms of depression, stress, and anxiety. Examination showed spasms and tenderness of the cervical spine and with decreased range of motion; slightly decreased motor strength to the right deltoids and biceps; decreased grip strength on the right; tenderness over the right shoulder, right wrist, right thumb metacarpophalangeal (MCP) joint, medial joint line of the right ankle, and medial right plantar fascia; decreased range of motion of bilateral shoulders, wrists, and ankles; antalgic gait; and positive Lasgue's test bilaterally. X-rays of the cervical spine dated November 29, 2013 showed mild discogenic spondylosis at C4-5 and C5-6. X-rays of the right shoulder showed findings consistent with previous rotator cuff repair. X-rays of the right wrist showed mild positive ulnar variance of 2mm. X-rays of the right hand showed radiocarpal and intercarpal joint osteoarthritis. X-rays of the right ankle showed degenerative enthesopathic changes (heel spurs) at calcaneal attachment sites of Achilles tendon and plantar fascia. Treatment to date has included NSAIDs, opioids, acupuncture, physical therapy, right shoulder surgery in April 2012, and right wrist surgery in November 2012 with post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin (600mg, #60 with one refill): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since July 2013. There is no documentation of the patient's current medication regimen, or symptomatic improvement or objective functional benefits derived from this medication. Additional information is necessary to support this request. Therefore, the request is not medically necessary.

**Prilosec (200mg, #30 with one refill):** 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 the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient reports stomachaches and loss of appetite due to the medications. There is no documentation of the patient's current medication regimen, or of the abovementioned risk factors. In addition, the request for Motrin is not medically necessary. Therefore, the request for Prilosec is not medically necessary.

**Naproxen Cream (240gm with one refill):** 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 Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow, or other joints amenable to topical treatment. There is little evidence for the spine, hip, or shoulder. The only FDA approved agent is Voltaren Gel 1% (diclofenac). There is no documentation of

failure of or intolerance to oral pain medications and topical NSAID is not recommended for use for the spine and shoulders. Therefore, the request is not medically necessary.

**Physical Therapy for the cervical spine, right shoulder and right wrist (6 sessions - 2 times a week for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. This patient has had previous physical therapy; however, there is no documentation of the functional benefits derived from these sessions, current functional deficits, or of the functional goals of additional physical therapy sessions. Additional information is necessary to support this request. Therefore, the request is not medically necessary.

**Extra Corporeal Shock Wave Therapy to the right foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter, Extracorporeal shock wave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The California MTUS Guidelines do not 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) were used instead. According to the ODG, low energy ESWT can be used as an option for chronic (after 6 months of standard treatment) plantar fasciitis. In this case, the patient presents with right heel plantar pain with tenderness over the medial plantar fascia. However, there is no documentation regarding failure of 6 months of conservative treatment directed to the plantar foot. Therefore, the request is not medically necessary.

**Electromyogram (EMG) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders, page(s) 238.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders (Revised 2007), page(s) 238 and on the Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

**Decision rationale:** The ACOEM Practice Guideline criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The Official Disability Guidelines states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. An EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, there are no findings consistent with neurologic deficits of the upper extremities to support an EMG at this time. Therefore, the request is not medically necessary.

**Nerve Conduction Studies (NCS) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders, page(s) 238.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders (Revised 2007), page(s) 238 and on the Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The California MTUS Guideline criteria for electromyogram (EMG)/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. In this case, there are no findings consistent with neurologic deficits of the upper extremities to support a nerve conduction study at this time. Therefore, the request is not medically necessary.