MAXIMUS Federal Services

Case Number:	CM14-0012807		
Date Assigned:	02/24/2014	Date of Injury:	10/08/2013
Decision Date:	07/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 submitted a claim for right carpal tunnel syndrome associated with an industrial injury date of 10/08/2013.Medical records from 2013 to 2014 were reviewed. Patient complained of right wrist and right hand pain, radiating to the right arm, graded 4/10 in severity. Pain was described as sharp, cramping, shooting, electric-like, associated with tingling, numbness, and weakness. Patient likewise complained of left wrist pain from overuse. He noted episodes of heartburn associated upon intake of medications. Grip strength at right was graded 4+/5. There was no muscle atrophy. Sensation was diminished at right median nerve distribution. Reflexes were symmetric at 1+/4 in bilateral upper extremities. Tinel's sign was positive at the right wrist. Electromyography/Nerve Conduction Velocity studies (EMG/NCV) of bilateral upper extremities, dated 12/16/2013, showed an abnormal nerve conduction study result. The right median sensory latency was mildly prolonged. Cervical radiculopathy was present involving bilateral C5-C6 nerve roots. Treatment to date has included physical therapy, use of a TENS unit, and medications such as Norco, Ultram, and naproxen.Utilization review from 01/02/2014 denied the requests for EMG/NCV of bilateral upper extremities because there was no evidence of radiculopathy or neuropathy which may require such testing. It also denied Menthoderm ointment because it was not guideline recommended; and denied the urine drug screen because there was no discussion concerning aberrant drug behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT UPPER EXTREMITY ELECTROMYOGRAPHY (EMG): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 8 - Neck and Upper Back Complaints, page 537.

Decision rationale: The 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 complained of right wrist and right hand pain, radiating to the right arm described as sharp, cramping, shooting, electric-like, associated with tingling, numbness, and weakness. Physical examination showed weak grip strength, dysesthesia at right median nerve distribution, and hyporeflexia. Tinel's sign was positive at the right wrist. Clinical manifestations overlap between radiculopathy and neuropathy. Of note, EMG/NCV of bilateral upper extremities was already accomplished on 12/16/2013 showing both cervical radiculopathy involving bilateral C5-C6 nerve roots and mildly prolonged right median sensory latency, to correlate as carpal tunnel syndrome. The medical necessity for EMG has been established for further evaluation and to narrow down diagnosis. Therefore, the request for EMG of the right upper extremity is medically necessary.

RIGHT UPPER EXTREMITY NERVE CONDUCTION STUDIES (NCS): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

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. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of right wrist and right hand pain, radiating to the right arm described as sharp, cramping, shooting, electric-like, associated with tingling, numbness, and weakness. Physical examination showed weak grip strength, dysesthesia at right median nerve distribution, and hyporeflexia. Tinel's sign was positive at the right wrist. Clinical manifestations overlap between radiculopathy and neuropathy. Of note, EMG/NCV of bilateral upper extremities was already accomplished on 12/16/2013, showing both cervical radiculopathy involving bilateral C5-C6 nerve roots and mildly prolonged right median sensory latency, to correlate as carpal tunnel syndrome. The medical necessity for NCV has been established for further evaluation and to narrow down diagnosis. Therefore, the request for NCV of the right upper extremity is medically necessary.

LEFT UPPER EXTREMITY ELECTROMYOGRAPHY (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 8 - Neck and Upper Back Complaints, page 537.

Decision rationale: The 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 likewise complained of left wrist pain from overuse. However, medical records submitted and reviewed failed to indicate description of pain and comprehensive physical examination of the left upper extremity. It is unclear why EMG is being requested at this time. Therefore, the request for EMG of the left upper extremity is not medically necessary.

LEFT UPPER EXTREMITY NERVE CONDUCTION STUDIES (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies.

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. Moreover, The Official Disability Guidelines (ODG) states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient likewise complained of left wrist pain from overuse. However, medical records submitted and reviewed failed to indicate description of pain and comprehensive physical examination of the left upper extremity. It is unclear why NCV is being requested at this time. Therefore, the request for NCV of the left upper extremity is not medically necessary.

Menthoderm Ointment 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Salicylate topicals; Topical Analgesics Page(s): 105 and 111.

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Menthoderm gel contains methyl salicylate and menthol. Page 105 states that while the guidelines referenced support the topical use of methyl salicylates, the requested Menthoderm has the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. 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 OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, patient complained of heartburn symptoms associated with oral medications. However, the guidelines do not support this type of topical medication due to lack of published efficacy. Menthoderm contains drug components that are not recommended. The request likewise failed to specify the quantity to be dispensed. Therefore, the request for Menthoderm ointment 120gm is not medically necessary.

PERFORMED URINE DRUG SCREEN (UDS) 12/05/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess over use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient has been on opioids since October 2013. However, there is no compelling rationale for urine drug screen performed in December 2013, as there was no evidence of aberrant drug behavior. There was no documented rationale for the requested procedure. Therefore, the request for Urine Drug Screen (UDS) 12/05/2013 is not medically necessary.