

Case Number:	CM14-0019541		
Date Assigned:	04/23/2014	Date of Injury:	06/15/2011
Decision Date:	07/03/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 53 year old female injured on 06/15/11 as a result of cumulative trauma sustained while performing her normal work duties. Current diagnoses included bilateral shoulder sprain/strain, impingement and tendinitis, cervical musculoligamentous sprain/strain, and trapezius strain. Clinical note dated 03/13/14 indicated the patient presented complaining of neck pain radiating into the bilateral shoulders status post upper trapezius trigger point injections without improvement. Pain rated at 10/10 on Visual Analogue Scale (VAS). She also complained of right hand/finger numbness and tingling specifically in the right thumb, right index, and right third finger. The patient currently utilized naproxen and Flector patch. Physical examination of bilateral wrists revealed tenderness to palpation over the carpal tunnel and thenar eminence, right side greater than left. Tinel and Phalen tests were positive on the right, full active range of motion bilaterally, sensation was decreased on the right median nerve distribution on further examination. Documentation indicates there were previous requests for diagnostic ultrasounds of the bilateral wrists to rule out inflammation of the median nerve distribution, request for shockwave therapy to the right lateral epicondyle, and ultrasound guided right carpal tunnel injection. Sonographic examination of bilateral elbows on 02/12/14 revealed evidence of lateral epicondylitis of the right upper extremity. There were no significant clinical findings associated with the left elbow. Ulnar nerve maintained normal acoustic pattern as it coursed through the cubital tunnel and maintained stable stability within the ulnar groove. Electrodiagnostic studies (EMG/NCV) of bilateral upper extremities on 05/23/13 revealed no electrical evidence of bilateral carpal tunnel syndrome, ulnar neuropathy of the cubital tunnel or Guyon canal bilaterally, peripheral neuropathy, cervical radiculopathy, or brachial plexopathy. The injured previously underwent chiropractic treatment, trigger point injections, and medication

management without improvement in symptomatology. The previous request for diagnostic ultrasound of bilateral wrists and Flector patch quantity 30 was non-certified on 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND STUDY OF THE BILATERAL WRISTS: 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.

Decision rationale: According to the MTUS/ACOEM guidelines, there is no recommendation for or against the use of ultrasound to diagnose ulnar nerve entrapment at the wrist. It was also noted that there are no quality studies available demonstrating superiority of ultrasound over other available tests to evaluate and diagnose CTS. The patient underwent EMG/NCV of bilateral upper extremities on 05/23/13 which revealed no electrical evidence of bilateral carpal tunnel syndrome, ulnar neuropathy of the cubital tunnel or Guyon canal bilaterally, peripheral neuropathy, cervical radiculopathy, or brachioplexopathy. There was no indication specific nerve groups required further investigation due to the inability to test or containing non-specific findings. As such, the request for diagnostic ultrasound study of the bilateral wrists is not medically necessary and appropriate.

FLECTOR PATCH, QUANTITY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. As noted Flector patch is Food and Drug Administration (FDA) indicated for acute strains, sprains, and contusions. On 12/07/09 the Food and Drug Administration issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. In this case, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore the request for Flector Patch, quantity 30 is not medically necessary and appropriate.

