

Case Number:	CM14-0160533		
Date Assigned:	10/06/2014	Date of Injury:	05/11/2012
Decision Date:	11/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain, wrist pain, and hand pain reportedly associated with an industrial injury of May 14, 2011. In a Utilization Review Report dated September 11, 2014, the claims administrator approved a request for naproxen while denying request for electrodiagnostic testing of the right upper extremity, tramadol, and Voltaren gel. The claims administrator did note, somewhat interestingly, that the applicant had issues with right upper extremity paresthesias. The claims administrator then stated that the applicant and/or attending provider had not provided complete record as to what treatment or treatments had transpired to date. The claims administrator did note that the applicant was status post earlier carpal tunnel release surgery. Non-MTUS Third Edition ACOEM Guidelines on the elbow were invoked in the decision to deny the electrodiagnostic testing. The claims administrator stated that the applicant should use oral pharmaceuticals in lieu of topical Voltaren. The applicant's attorney subsequently appealed. In progress note dated September 24, 2014, the applicant reported ongoing complaints of elbow and hand pain. The applicant was given a diagnosis of ulnar neuropathy. Electrodiagnostic testing of the right upper extremity, an elbow support, and work restrictions were endorsed. It was suggested that the applicant was working on a part-time basis, at a rate of six hours a day. The applicant was apparently using a TENS unit. The applicant's medication list included naproxen, Voltaren, and Ultracet. Paresthesias were noted about the right hand with shooting pain from the elbow also appreciated. In an earlier note dated June 13, 2014, the applicant reported persistent complaints of numbness, tingling, and paresthesias about the right upper extremity following earlier carpal tunnel release surgery of April 16, 2014. In an August 20, 2014 note, it was again suggested that the applicant was working on a part-time basis, at a rate of six hours a day. The attending provider suggested that the applicant needed electrodiagnostic testing to assess the

presence of an ulnar neuropathy. The attending provider claimed that the applicant's functional capacity was being improved through physical therapy, topical applications of heat and cold, a TENS unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 261.

Decision rationale: Some of the operating diagnoses and/or suspected diagnoses here include ulnar neuropathy and/or residual carpal tunnel syndrome following earlier carpal tunnel release surgery of April 16, 2014. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, nerve conduction testing is "recommended" to confirm diagnosis of ulnar nerve entrapment in applicants in whom conservative treatment fails. In this case, the applicant has seemingly tried and failed conservative treatment with time, medications, physical therapy, splinting, work restrictions, etc. Symptoms of upper extremity paresthesias persist. The attending provider has suggested that these could represent a function of cubital tunnel syndrome versus carpal tunnel syndrome. The MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 further notes that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist. In this case, the applicant does have residual symptoms of upper extremity paresthesias. Both carpal tunnel syndrome and/or cubital tunnel syndrome are on the differential diagnoses list. Obtaining the electrodiagnostic testing in question is indicated to help differentiate between the possible considerations. Therefore, the request is medically necessary.

Tramadol 50mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines synthetic opioid Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue 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, the attending provider's documentation, while at times incomplete, thus suggests that the applicant is deriving some analgesia from ongoing tramadol usage. The applicant has apparently returned to and/or maintained part-time work status at a rate of six hours a day, it has

further been noted, with ongoing usage of tramadol. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Voltaren gel 100 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic, NSAID Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs are "not recommended" in the treatment of neuropathic pain, as is present here. The applicant's primary pain generators here are ulnar neuropathy at the elbow and median neuropathy at the wrist. Topical Voltaren is not indicated in the treatment of the applicant's neuropathic pain, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.