

Case Number:	CM14-0165042		
Date Assigned:	10/10/2014	Date of Injury:	01/09/1998
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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, h 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 chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of January 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for electrodiagnostic testing of the upper extremities, denied a cervical MRI, denied naproxen, denied Prilosec, and denied Norco. The applicant's attorney subsequently appealed. In an April 15, 2014 progress note, the applicant was placed off of work, on total temporary disability, pending an ergonomic evaluation. Bilateral upper extremity pain was noted with diminished grip strength and positive Tinel and Phalen signs about the wrist. Additional physical therapy, Norco, naproxen, Prilosec, and Ultram were all endorsed. On August 5, 2014, the applicant again reported severe upper extremity, neck, and shoulder pain. Limited range of motion was noted. Cervical MRI was apparently pending. Norco, naproxen, and Prilosec were endorsed. The applicant was returned to modified duty work on this occasion, it was stated. An ergonomic workstation and chair were again recommended. On September 16, 2014, however, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck pain radiating into the upper extremities with associated right upper extremity numbness. Strength loss and weakness were apparently noted on exam. Electrodiagnostic testing of the upper extremities, MRI imaging of the cervical spine, naproxen, Prilosec, and Norco were all endorsed while the applicant was kept off of work, on total temporary disability. The note was sparse, handwritten, difficult to follow, not entirely legible, and did not provide any narrative log or summary of what treatment or treatments had transpired to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Electromyography and Nerve Conduction Studies

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant has ongoing complaints of neck pain radiating into the bilateral upper extremities as well as ongoing complaints of upper extremity paresthesias. The applicant has positive Tinel and Phalen signs of the bilateral wrists which have seemingly persisted for several months. The applicant is off of work, on total temporary disability. The applicant's symptoms have seemingly been present for what appears to be a minimum of several months to approximately one year. Obtaining appropriate electrodiagnostic testing to help establish the presence or absence of carpal tunnel syndrome versus cervical radiculopathy is indicated. Therefore, the request is medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, it was not stated that the applicant was actively considering or contemplating any kind of surgical intervention or invasive procedure involving the cervical spine. No narrative rationale or narrative commentary was attached to the request for authorization. It was not stated how (or if) the proposed cervical MRI would influence the treatment plan. Therefore, the request is not medically necessary.

Anaprox DS 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not stated how (or if) ongoing usage of naproxen has proven beneficial here. The applicant is off of work, on total temporary disability. Ongoing usage of naproxen (Anaprox) has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, the attending provider's handwritten progress notes do not include any mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Criteria for Use of Opi.

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, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in

function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.