

Case Number:	CM14-0173995		
Date Assigned:	10/27/2014	Date of Injury:	02/24/2010
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported an unspecified injury on 02/24/2010. On 06/10/2014, her diagnoses included hypertension, rule out sleep apnea, and "ortho condition". The clinical records submitted for review are handwritten and difficult to read. On 04/15/2014, her diagnoses included status post "right CTR 07/16/2013, right de Q with 1st CMC, c/s s/s with right upper extremity radic, 1 to 2 mm db C5-6 with (MRI 03/29/2011), right elbow med/lat epi" with mild cubital tunnel syndrome, positive electromyography (EMG), status post right shoulder scope (12/2010), left shoulder "s/s, ibp", hemorrhoids, constipation, stress, anxiety, depression secondary to pain, and sleep problems. Her medications included Norco 10 mg, and Prilosec and Relafen, with no dosages noted. An MRI of the right elbow on 09/17/2014 noted that it was unremarkable, with no evidence of internal derangement. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for MRI of the right elbow is not medically necessary. The California ACOEM Guidelines note that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly provided red flag conditions are ruled out. There are few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include plain film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis; electromyographic study of cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks; nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination. An MRI was performed on this injured worker on 09/17/2014, which was an unremarkable MRI examination of the right elbow with no evidence of internal derangement. There is no justification or rationale for a second MRI. Therefore, this request for MRI of the right elbow is not medically necessary.

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for EMG/NCV of the right upper extremity is not medically necessary. The California ACOEM Guidelines note that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Electromyography (EMG) study is an option if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study, and possibly EMG, if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely and failure to respond to conservative treatment. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: when surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology such as a possible tumor, the clinical examination suggests the diagnosis. There was no documentation of suspicions of nerve entrapment or a serious pathology such as a possible tumor. Additionally, it was noted that on an unknown date, this injured worker had undergone an EMG which revealed mild cubital tunnel syndrome. There was no rationale or justification in the submitted documents for a repeat EMG. The need for an EMG or NCV was not clearly demonstrated in the submitted documentation. Therefore, this request for EMG/NCV for the right upper extremity is not medically necessary.

Norco 10325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10325mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, the dosage was incorrect in the request and there was no frequency specified. Therefore, this request for Norco 10325 mg #90 is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Fexmid 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Fexmid is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2-3 weeks. Although it was noted in the examination on 04/15/2014 that this injured worker had joint pain, muscle spasms, and sore muscles, no muscle relaxants were indicated or prescribed for this worker at that time. There is no record of her having taken Fexmid. The clinical information submitted failed to meet the evidence based guidelines for the use of muscle relaxants. Additionally, there was no frequency included with the request. Therefore, this request for Fexmid 7.5 mg #60 is not medically necessary.