

Case Number:	CM14-0034309		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2011
Decision Date:	09/10/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 and 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 45-year-old male who reported an injury on 08/16/2011. The mechanism of injury was not provided for clinical review. The diagnoses included bilateral cubital tunnel syndrome, status post fluoroscopic-guided permanent spinal cord stimulator, bilateral elbow pain, bilateral wrist pain, status post bilateral cubital tunnel release, status post carpal tunnel release, bilateral ulnar neuropathy/neuritis, and bilateral median neuropathy/neuritis. Previous treatments include an EMG x 2, bilateral cubital and carpal tunnel releases, medication, physical therapy, injections, and spinal cord stimulator implant. Previous surgeries included a bilateral cubital tunnel release and bilateral carpal tunnel release. Per the clinical note dated 07/22/2014, it was reported the injured worker complained of pain of the bilateral elbows, wrists, hands, and knuckles, left worse than right. He rated his pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker's bilateral hands and wrists had hyperalgesia, allodynia, mild edema, hypoesthesia and trophic skin changes including temperature and skin color change. The provider indicated the injured worker's range of motion of the bilateral shoulders was restricted in all planes. The provider indicated sensation was reduced to touch in the left arm and there is also decreased sensation in the bilateral upper extremities. The provider requested a bilateral upper extremity EMG, bilateral upper extremity nerve conduction study, functional restoration program consult, OxyContin, Oxycodone, Trazodone and Lipoderm patch. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Guidelines recommend electromyography in cases of peripheral nerve impingement. If no impingement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Based on the lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution, the request is not medically necessary.

Nerve Conduction study (NCS) of the Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS Guidelines note nerve conduction studies for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. There is a lack of documentation indicating the injured worker has tried and failed at least 4 to 6 weeks of conservative treatment. There is a lack of documentation of any red flag diagnosis. Therefore, the request is not medically necessary.

Functional Restoration Program Consult: 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 Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines recommend functional restoration programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. The guidelines note outpatient pain rehabilitation programs may be considered necessary when all of the following criteria are met; including an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. Previous methods of

treating chronic pain have been unsuccessful and there is absence of other options likely to resolve in significant clinical improvement. The injured worker has a significant loss of the ability to function independently resulting from chronic pain. The injured worker is not a candidate for surgery or other treatments would be clearly warranted if a goal of treatment is to prevent or avoid controversial or optional surgery a trial of 10 visits may be implemented to assess whether surgery may be avoided. The injured worker exhibits motivation to change and is willing to forego secondary gains, including disability payments, to affect this change. Negative predictor of success above has been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request submitted fails to provide the length of treatment time the provider is requesting. The provider failed to document an adequate and complete evaluation including a baseline functional test. There is a lack of documentation indicating a significant loss of the ability to function independently. Therefore, the request is not medically necessary.

OxyContin 30 mg 1 tab po tid prn for pain Quantity 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, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013. Therefore, the request is not medically necessary.

Oxycodone 10 mg po every 5 hours as needed Quantity 150: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 12/2013. Therefore, the request is not medically necessary.

Trazodone 50 mg 1 tab po every evening as needed Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pains Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. Therefore, the request is not medically necessary.

Lidoderm Patch to apply 3 patches to arm every day Quantity 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guideline recommendation of short-term use. Therefore, the request is not medically necessary.