

Case Number:	CM14-0048314		
Date Assigned:	07/02/2014	Date of Injury:	11/19/2012
Decision Date:	09/17/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 injured worker is a 44 year-old female who reported an injury on 11/19/2012. She was reportedly picking up a client in a wheelchair with the use of a mechanical lift on a bus when it began to malfunction. When the wheelchair began to roll backwards, she had to brace and secure the wheelchair and experienced a burning a tingling sensation to her left hand. On 01/24/2014, the injured worker presented with complaints related to the left upper extremity. An electrodiagnostic study of the bilateral upper extremities performed on 03/07/2013 revealed evidence of decreased conduction in the left ulnar nerve at the elbow and left carpal tunnel syndrome. Another EMG performed on 04/07/2013 revealed left elbow pain and cubital tunnel syndrome, mild left ulnar neuropathy at the elbow, and left wrist pain and carpal tunnel syndrome. Prior therapy included acupuncture, physical therapy, occupational therapy, chiropractic care, and medications. Upon examination, there was moderate pain to palpation on the left ulnar nerve and left lateral epicondyle and mobile wad. There was a left positive subluxation, elbow flexion and Tinel's sign. There was 4+/5 strength in the left extension, flexion, and ulnar and radial deviation. There was decreased sensation in the left median and ulnar nerve. There was a positive left Tinel's, median nerve compression, and ulnar nerve compression test on the left side. The diagnoses were status post retraction injury of the left upper extremity, left cubital tunnel syndrome, left carpal tunnel syndrome, and left ulnar neuropathy. The provider recommended an EMG and NCS of the bilateral upper extremities, Ultram, and Gaba-Keto-Lido cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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 state for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. There is a lack of documentation of the injured worker's prior courses of conservative treatment and the efficacy of the prior treatments. Additionally, the injured worker has already had bilateral upper extremities EMGs performed on 03/07/2013 and 04/07/2013, which resulted in the diagnosis of left carpal tunnel syndrome. The provider's rationale for a bilateral upper extremities EMG and NCS was not provided and all physician deficits noted were related to the left side. The provider's rationale for an additional EMG and NCS of the bilateral upper extremities, with no change in the injured worker's condition is not warranted. As such, the request is not medically necessary.

NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies.

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 state for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly, provided red flag conditions are ruled out. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. There is a lack of documentation of the injured worker's prior courses of conservative treatment and the efficacy of the prior treatments. Additionally, the injured worker has already had bilateral upper extremities NCSs performed on 03/07/2013 and 04/07/2013, which resulted in the diagnosis of left carpal tunnel syndrome. The provider's rationale for a bilateral upper extremities EMG and NCS was not provided and all physician deficits noted were related to the left side. The provider's rationale for an additional EMG and NCS of the bilateral upper extremities, with

no change in the injured worker's condition is not warranted. As such, the request is not medically necessary.

Ultram 50mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors, and side effects. Additionally, the efficacy of the prior use of Ultram has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gaba-Keto-Lido 240gm, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Compound Drugs.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis for short-term use (4 to 12 weeks). As the guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, the medication would not be indicated. The injured worker does not have a diagnosis congruent with the guideline recommendations for topical NSAIDs. Additionally, the provider's request does not indicate the frequency or the medication or the site that is indicated for in the request as submitted. As such, the request is not medically necessary.