

Case Number:	CM14-0059237		
Date Assigned:	07/09/2014	Date of Injury:	01/02/2014
Decision Date:	09/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/29/2014

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 patient is a 41 year-old female with date of injury 01/02/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/10/2014, lists subjective complaints as pain in the cervical spine and upper extremities, bilaterally. Objective findings: Examination of the cervical spine revealed restricted range of motion in all planes with spasm. Neurological examination was normal for sensation and light touch. There was no focal neurological deficit, C4-T1, to motor and sensory evaluation. Diagnosis: 1. Bilateral wrist/thumb tendinitis 2. Strain/myofascial pain syndrome, cervical spine 3. Strain/myofascial pain syndrome, thoracic spine 4. Strain/myofascial pain syndrome, lumbar spine 5. Bilateral hand numbness 6. Insomnia. There was no mention of nerve damage, nerve injury, or nerve loss in the PR-2. The patient had an X-ray of the cervical spine on 02/10/2014 that was positive for postural changes, with no other abnormalities noted. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 02/10/2014. Medications include Naproxen Cream: SIG: apply topically every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.

Electromyography (EMG), Bilateral Upper Extremities.: 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 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical record fails to document radicular-type arm symptoms. The EMG studies are not medically necessary.

Nerve conduction velocity (NCV). Bilateral Upper Extremities.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. As above, the neurologic examination was negative for focal neurologic deficit showing normal motor and sensory. The medical record fails to document radicular-type arm symptoms. The NCV studies are not medically necessary.

Extracorporeal Shock Wave Therapy Bilateral Wrist/Thumb.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-4, 11-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: A thorough search of the Official Disability Guidelines found and limited evidence for the use of extracorporeal shock therapy. At this time, it is recommended only for calcific tendinitis of the shoulder, and plantar fasciitis. Extracorporeal shock therapy is not medically necessary for the wrist and thumb.