

Case Number:	CM14-0061475		
Date Assigned:	07/09/2014	Date of Injury:	01/26/2014
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Interventional Spine 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 a 1/26/14 date of injury. According to the 4/9/14 initial PM&R report from [REDACTED], the patient was sexually assaulted by her supervisor and two other upper management workers and sustained psychiatric injury as well as right shoulder and upper extremity injury from pushing a cart full of beverages. She is reported to be seeing a psychiatrist for the sexual assault/psyche issues. She is being seen by PM&R for the right shoulder, arm, and hand symptoms. She presents with right upper extremity pain, weakness, and tingling to the right hand. Review of Systems is positive for GERD. The diagnoses includes right repetitive strain injury to the hand; right rotator cuff impingement; internal derangement of the shoulder; right wrist strain; myofascial pain syndrome; question carpal tunnel syndrome versus radiculopathy; question depression and anxiety from sexual assault. [REDACTED] recommended EMG/NCV RUE, Naproxen for inflammation, Omeprazole for stomach prophylaxis, Neurontin for paresthesia, and physical therapy two times a week for four weeks for the shoulder and wrist. On 4/21/14, UR denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Indications and Usage for Prilosec label.

Decision rationale: According to the 4/19/14 psychiatry report from [REDACTED], the patient presents with right upper extremity pain, weakness, and tingling to the right hand. He reports review of systems positive for GERD. He prescribed Naproxen and Omeprazole for stomach prophylaxis. This IMR request is for use of Omeprazole. MTUS guidelines discuss use of PPIs such as Omeprazole on a preventative basis when there are risk factors for GI events. MTUS also states it is indicated for dyspepsia from NSAIDs. The patient had been using Omeprazole prior to seeing [REDACTED]. The records show she was using this for treatment of GERD. MTUS does not specifically discuss use of Omeprazole for GERD. The boxed label indication for Prilosec show that it is indicated for treatment of heartburn and other symptoms associated with GERD. The use of Omeprazole is in accordance with its labeled indications. This request is medically necessary.

Neurontin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: This IMR request is for use of Neurontin 600mg. According to the 4/19/14 psychiatry report from [REDACTED], the patient presents with right upper extremity pain, weakness, and tingling to the right hand. The physician states Neurontin was for the paresthesia down the hand. MTUS guidelines states AEDs such as Neurontin are recommended for neuropathic pain as first-line treatment. The request appears to be in direct accordance with MTUS guidelines. This request is medically necessary.

Eight (8) sessions of physical therapy for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM General Approaches; Pain, Suffering and the Restoration of Function Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 4/19/14 psychiatry report from [REDACTED], the patient presents with right upper extremity pain, weakness, and tingling to the right hand. The diagnoses

includes right repetitive strain injury to the hand; right rotator cuff impingement; internal derangement of the shoulder; right wrist strain; myofascial pain syndrome; question CTS versus radiculopathy; question depression and anxiety from sexual assault. This IMR request is for 8 sessions of physical therapy for the right shoulder. The records show a prior request for 9 physical therapy sessions on 1/27/14, but by 2/18/14 the report says the patient only had 3 sessions, and she was referred out. The initial report from [REDACTED] is dated 4/19/14 and he requested the physical therapy for the shoulder and upper extremity to establish a home exercise program. There is no indication that the patient had additional physical therapy other than the 3 visits at the end of January or early February. MTUS guidelines recommends 8-10 sessions of physical therapy for various myalgias and neuralgias. The request for 8 sessions from the new physician appears to be in accordance MTUS guidelines. Therefore, this request is medically necessary.

Electromyography (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the 4/19/14 psychiatry report from [REDACTED], the patient presents with right upper extremity pain, weakness, and tingling to the right hand from a 1/26/14 injury. The IMR request is for EMG of the right upper extremity. MTUS/ACOEM states 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 patient has had symptoms in the arm for over 12 weeks. The request for the EMG of the RUE is in accordance with ACOEM guidelines. Therefore, this request is medically necessary.

Nerve Conduction Velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the 4/19/14 psychiatry report from [REDACTED], the patient presents with right upper extremity pain, weakness, and tingling to the right hand from a 1/26/14 injury. The IMR request is for NCV of the right upper extremity. MTUS/ACOEM states 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 patient has had symptoms in the arm for over 12

weeks. The request for the NCV of the RUE is in accordance with ACOEM guidelines. Therefore, this request is medically necessary.