

Case Number:	CM14-0078543		
Date Assigned:	08/08/2014	Date of Injury:	05/06/2013
Decision Date:	10/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family 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 injured worker is a 31 year old female who reported an injury to her upper extremities on 05/06/2013. No information was submitted regarding the initial injury. The clinical note dated 07/24/14 indicates the injured worker complaining of right elbow and hand pain. Numbness and tingling were identified in the 5th digit of the right hand as well. Tenderness was identified upon palpation throughout the cervical spine as well. Decreased sensation was identified in the median nerve distribution bilaterally. The note indicates the injured worker undergoing chiropractic therapy along with the continued use of Tylenol to address the pain level. The clinical note dated 04/14/14 indicates the injured worker continuing with complaints of right upper extremity weakness, numbness, and tingling. The injured worker stated the pain was waking her from sleep each night. Tenderness continued in the cervical region. The note indicates the injured worker having a positive Finkelstein's test on the right. The note indicates the injured worker utilizing Medrox ointment, Naprosyn, Omeprazole, and Orphenadrine for pain relief. The electrodiagnostic studies completed on 06/21/13 revealed mild carpal tunnel syndrome bilaterally, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment, ref 2: 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 Analgesics, Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Naproxen sodium 550mg QTY: 30: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. No information was submitted confirming the ongoing use at the lowest possible dose. As such, the request for this medication cannot be established as medically necessary.

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for electrodiagnostic studies of the bilateral upper extremities is not recommended. The documentation indicates the injured worker having previously undergone electrodiagnostic studies which revealed mild bilateral carpal tunnel syndrome, left greater than right. No information was submitted regarding the injured worker's recent development of left sided changes in the carpal tunnel syndrome symptoms. Therefore, the request for bilateral studies is not fully indicated for this injured worker at this time.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for electrodiagnostic studies of the bilateral upper extremities is not recommended. The documentation indicates the injured worker having previously undergone electrodiagnostic studies which revealed mild bilateral carpal tunnel syndrome, left greater than right. No information was submitted regarding the injured worker's recent development of left sided changes in the carpal tunnel syndrome symptoms. Therefore, the request for bilateral studies is not fully indicated for this injured worker at this time.

Omeprazole 20mg QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors

Decision rationale: The use of proton pump inhibitors are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Orphenadrine ER 100mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs)GI symptoms & card.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63.

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

