MAXIMUS Federal Services

Case Number:	CM14-0083114		
Date Assigned:	07/21/2014	Date of Injury:	02/24/2012
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 02/24/2012. The mechanism of injury involved an assault from a mental health patient. Current diagnoses include brachial neuritis or radiculitis, cervical disc protrusion, thoracic sprain/strain, lumbar sprain/strain, lumbar radiculopathy, right shoulder rotator cuff syndrome, right shoulder tendinitis, left shoulder AC degenerative joint disease, right wrist sprain/strain, and left wrist avascular necrosis. The injured worker was evaluated on 02/12/2014 with complaints of constant neck pain radiating into the upper extremities causing numbness and tingling. The injured worker also reported constant lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes medication management and TENS therapy. Physical examination revealed tenderness to palpation of the cervical spine, spasm in the trapezius musculature bilaterally, diminished wrist range of motion bilaterally, positive Phalen's testing bilaterally, limited lumbar range of motion, positive straight leg raising, tenderness to palpation of the lumbar spine with spasm, and decreased sensation in the right upper extremity at C6 through C8. Treatment recommendations at that time included continuation of the current medication regimen of Omeprazole, Cyclobenzaprine, Tramadol, Terocin Pain Patch, Menthoderm Gel, and Ibuprofen 800 mg, as well as an Electrodiagnostic Study of the upper extremities to confirm the presence of carpal tunnel syndrome. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG / NCS bilateral UE's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state "for most patients 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." In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. There is no documentation of an exhaustion of conservative treatment to include exercise therapy. The injured worker's physical examination only revealed tenderness to palpation with positive Phalen's testing. The injured worker is currently pending an MRI scan of the right wrist/hand. The medical necessity for electrodiagnostic testing at this time has not been established. As such, the request Electromyography (EMG) / Nerve Conduction Study (NCS) of Bilateral Upper Extremities for is not medically necessary.

Menthoderm gel 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. It is also noted that the injured worker has utilized menthoderm gel since 02/2014 without any evidence of objective functional improvement. There is also no strength or frequency listed in the request. As such, the request for Menthoderm Gel 240gm is not medically necessary.