

<b>Case Number:</b>	CM14-0188147		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 New Jersey. 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 worker is a 48 year old female who was injured on 9/1/2005 after falling from a pallet and landing on her right elbow and right wrist. She was diagnosed with sprain of right elbow, right wrist synovitis/tendinitis, radial tunnel syndrome, and right medial epicondylitis. She was treated with surgery (right elbow/forearm nerve decompression), medications, corticosteroid injection, and physical therapy. Recent electrodiagnostic studies on the upper extremities on 5/23/14 revealed right ulnar neuropathy across the elbow. The worker was seen by her treating physician complaining of persistent and worsening pain and numbness of the right hand rated at 5-7/10 on the pain scale and right elbow pain rated 4-8/10 on the pain scale as well as an inability to sleep due to her pain. Physical findings included positive Adson's on the right and decreased sensation in all fingers of the right hand. She also exhibited weak grip of the right hand; continuation of her Naproxen, initiation of Tramadol, and a repeat EMG/NCV due to the worsening of numbness and weakness in her hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV study due to worsening of numbness and weakness of right hand:** 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): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was insufficient documentation provided around the time of the previous EMG/NCV testing done on 5/23/14 to show subjective and objective physical findings to compare with more current reports at the time of this request in order to assess for medical appropriateness of repeat nerve testing only 5 months afterwards. Therefore, the EMG/NCV testing is medically unnecessary.

**Naproxen 550mg 1 tab Q 8hr #90 x 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, her primary symptoms seem to be neuropathic, which would suggest Naproxen would be a poor choice for pain control. Also, there was no up to date evidence of functional benefit as well as documented pain reduction related to the Naproxen use on a regular basis. Therefore, due to the inherent risks of this medication taken chronically and lack of evidence of benefit, the Naproxen is considered medically unnecessary to continue.

**Tramadol HCL ER 150mg 1 tab BID #60 x 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should

be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, it is not completely clear if the worker had tried other medications such as first line therapies for neuropathic pain as this was not seen in the documentation provided for review. Therefore without evidence of having tried other reasonable alternative medications, the Tramadol is medically unnecessary and inappropriate to initiate at this time.