

Case Number:	CM14-0201337		
Date Assigned:	12/11/2014	Date of Injury:	04/16/2003
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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 55 year-old female with a 4/16/2003 date of injury. She has been diagnosed with multilevel cervical disc desiccation, bulging and facet syndrome; right shoulder impingement; left carpal tunnel syndrome; right knee pain status post arthroscopy x2; lumbar strain; depression; status post right carpal tunnel release; insomnia and headaches. There are 2 medical reports available for review dated 10/2/14 and 11/5/14. The 11/5/14 orthopedic report documents decreased sensation along the C5 dermatome bilaterally and clonus. There is history of bilateral carpal tunnel syndrome. Exam shows positive Tinels and Phalens on the left. The physician requested authorization for EMG/NCV and use of Diclofenac 75mg, and Ultram. The 11/18/14 Utilization Review letter denied the request for use of diclofenac 75mg bid, #60 and modified the request for EMG/NCV from bilateral upper extremities to allow the left upper extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Pain Outcomes and Endpoints Page(s): 67-68, 8-9.

Decision rationale: MTUS page 8 Pain outcomes and endpoints, states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The available medical reports show the patient was prescribed diclofenac 75mg, #60 on 10/2/2014. The follow-up report is dated 11/05/2014. The physician prescribed the diclofenac 75mg again, but there is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of diclofenac 75mg. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for the use of Diclofenac 75 mg #60 with 2 refills IS NOT medically necessary.

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "...When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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.". MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The available medical reports show the patient has history of bilateral carpal tunnel syndrome and physical exam shows signs of C5 radiculopathy and left carpal tunnel syndrome. It was noted that the patient had right carpal tunnel release in the past. The orthopedists believe the patient may require additional carpal tunnel surgery. MTUS/ACOEM guidelines state that EMG and NCS may help differentiate between CTS and other conditions such as cervical radiculopathy. The request for the use of EMG/NCV of the bilateral upper extremities IS medically necessary.