

Case Number:	CM14-0094186		
Date Assigned:	07/25/2014	Date of Injury:	02/25/2013
Decision Date:	01/30/2015	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/20/2014

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 Practice 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 55-year-old female who sustained an industrial injury 02/25/13. The worker was seen for a follow-up visit 05/07/14 for complaints of cervical, bilateral shoulder, bilateral wrist, bilateral hand, and right foot pain she rated 9/10 on 1-10 scale. The physician's objective findings upon examination showed shoulder depression testing was positive. Cervical compression testing was positive on the right. Muscle strength was 4/5 on the right C7 and C8 nerve roots. Sensation was decreased on the right C7 and C8 nerve distribution. Range of motion of the right shoulder was flexion 140 degrees, extension 40 degrees, abduction 140 degrees, adduction 40 degrees, and internal and external rotation at 60 degrees. Right wrist examination revealed decreased range of motion. The treating provider indicated the patient continue to have paresthetic complaints of the upper and lower extremities as well as radiating pain extending from the cervical spine to the right arm. Treatment recommendatons included medications EMG and NCV of bilateral upper extremities, Flurbiprofen, and Cyclobenzaprine, Menthol cream. Per the utilization review report, all treatments were not certified and were consistent with the valid resources (i.e.: ACOEM, MTUS, etc.).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 28-29, Chronic Pain Treatment Guidelines Presenting Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), EMG of Bilateral Upper Extremities.

Decision rationale: 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. This request is not reasonable as there is no indication that claimant attempted multiple conservative measures and failed

Nerve Conductive Velocity (NCV) of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve Conductive Velocity (NCV) of Bilateral Upper Extremities.

Decision rationale: 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. This request is not reasonable as there is no indication that claimant attempted multiple conservative measures and failed.

Flurbiprofen:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 871, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flurbiprofen.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 128-139, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Cyclobenzaprine.

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use.

Menthol Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1043, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Menthol cream.

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.