

Case Number:	CM15-0136082		
Date Assigned:	07/24/2015	Date of Injury:	06/10/2013
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on June 10, 2013. A primary treating office visit dated June 03, 2015 reported subjective complaint of intermittent sharp neck pain with numbness, tingling and weakness; intermittent right shoulder pain; intermittent left shoulder pain; activity dependent right elbow pain; and intermittent left elbow pain. Objective findings showed cervical spine with tenderness to palpation of the paravertebral muscles with spasm; cervical compression causes pain; the left shoulder is tender to palpation of the anterior and glenohumeral aspect with spasm and a supraspinatus press cause's pain. The right elbow is with a positive Cozen's. The following diagnoses were applied: cervical disc displacement; cervical disc protrusion; right deltoid strain; right shoulder impingement syndrome; right shoulder internal derangement, myoligamentous injury; left shoulder pain, strain and sprain; right lateral epicondylitis; left lateral epicondylitis and left medial epicondylitis. The plan of care noted referring to electrodiagnostic nerve conduction study of cervical spine; orthopedic consultation regarding bilateral shoulders and elbows; pain management, and solace pain patch for cervical pain. The worker is to remain off from work duty through July 18, 2015. Current medications at a follow up dated March 04, 2015 were: compound topical cream (two), cold and heat therapy unit, transcutaneous nerve stimulator unit. The recommendation to undergo electrodiagnostic testing has remained a standing recommendation throughout the course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace pain patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the constituent of Solace cannot be found and is not defined. In this case, there is no indication of failure of 1st line medications. Length of use was not defined. The Solace patches are not justified and not medically necessary.

EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant did not have abnormal neurological findings or discrepancy on imaging that would justify an EMG/NCV. In addition, the claimant was referred to numerous specialists who can then determine the appropriate testing. The EMG/NCV is not medically necessary.