

<b>Case Number:</b>	CM15-0144454		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 38 year old, female who sustained a work related injury on 3-31-08. The diagnoses have included right lateral epicondylitis, right ulnar nerve entrapment, right carpal tunnel syndrome, right de Quervain's disease, status post shoulder surgery, shoulder strain-sprain, cervical herniated nucleus pulposus, and cervical strain-sprain. Treatments have included oral medications and medicated topical cream. In the PR-2 dated 6-10-15, the injured worker reports neck pain that radiates to right arm. She reports right arm and hand pain. She also reports left leg pain. On physical exam, she has tenderness and guarding over C4 through C6 spinous processes. Range of motion in cervical spine in flexion to 35 degrees, extension to 40 degrees, right and left lateral bending 40 degrees, and right and left rotation to 60 degrees. She has tenderness in right shoulder over greater tuberosity, right greater than left, and over left anterior glenoid. She has acromioclavicular crepitus in right shoulder. Range of motion in right shoulder is flexion to 150 degrees, extension to 45 degrees, abduction to 125 degrees, adduction to 25 degrees, internal rotation to 60 degrees and exterior rotation at 70 degrees. She has tenderness over right lateral epicondyle. She has a positive Tinel's sign in right elbow. She has a positive Phalen's test with right wrist and a positive de Quervain's sign in right wrist. She is working modified duty. The treatment plan includes refills of medications, requests for right wrist carpal tunnel surgery, for an EMG-NCV studies of upper extremities, for x-rays of bilateral shoulders, for Extracorporeal Shockwave Therapy to right elbow and for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release/De Quervains release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, the worker has already had the compartment released. The request is not medically necessary.

**Urine toxicology screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 94.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. The request is not medically necessary.

**EMG of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who

may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case EMG has already been done. Additional testing is not medically necessary.

**Shockwave therapy of right elbow; once a week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

**Decision rationale:** CA MTUS/ACOEM is silent on shock wave therapy to the elbow. ODG elbow is referenced. The procedure is not recommended. "The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis." As the request is for a procedure not recommended, the request is not medically necessary.

**X-ray A/P 7 lateral of the bilateral shoulder; 2 x-rays: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** CA MTUS/ACOEM chapter 9, shoulder complaints, page 207 address the use of shoulder x-ray. They are recommended in the case of prolonged symptoms or the presence of red flag symptoms. In this case, there is no trauma documented to warrant the requested x- rays. The request is not medically necessary.

**Motrin 800 mg 1 by mouth once a day #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Motrin is not warranted, as there is no demonstration of functional improvement from the exam notes. Therefore the request is not medically necessary.

**Prilosec 20mg 1 by mouth twice a day #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request is not medically necessary.

**Gaba/Flur compound cream 240 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Gabapentin is not recommended for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request is not medically necessary.