Case Number:	CM15-0145996		
Date Assigned:	08/06/2015	Date of Injury:	03/05/2001
Decision Date:	09/18/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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, North Carolina
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 69-year-old male who sustained an industrial injury on March 5, 2001 resulting in bilateral hand and wrist pain, and pain in his neck, shoulders, and elbow. He was diagnosed with carpal tunnel syndrome, osteoarthritis, neck pain and shoulder pain. Documented treatment has been oral and transdermal pain medications. Documentation of effectiveness of treatments is not available in the provided documents. The injured worker continues to complain of bilateral hand pain and cramping. The treating physician's plan of care includes Ibuprofen, Lidocaine patch, and electromyography and nerve conduction velocity study of the upper extremities. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen: Upheld

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

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

Decision rationale: CA MTUS Guidelines support the use of NSAIDs such as Ibuprofen at the lowest dose for the shortest period of time. It is intended for short-term use. Long-term use is associated with an increased incidence of cardiovascular and GI adverse events. In this case the patient has been taking Ibuprofen for an extended period of time and the request is for continued chronic use. However, there is no documentation of significant pain relief or functional improvement from the Ibuprofen in the records submitted. Therefore the request is not medically necessary.

Lidocaine patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Lidocaine patches are recommended for localized, peripheral pain in patients with neuropathic pain. In this case, there is no evidence of neuropathic pain in the documentation submitted to justify lidocaine patches. There is also no documentation of the trial and failure of first-line agents for neuropathic pain (antidepressants, anti-convulsants) for chronic pain. Therefore base on the above, this request is not medically necessary or appropriate.

EMG/NCV Upper Extremities: 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 186, 276.

Decision rationale: ACOEM Guidelines support the use of EMG to identify subtle, focal neurologic dysfunction in patients with symptoms greater than 3-4 weeks. ACOEM Guidelines also state that a complete and thorough neurologic evaluation is required prior to requesting electrodiagnostic testing. In this case, there was no complete neurologic examination available to establish the presence of a focal neurologic deficit. Guideline criteria for EMG are not met. There is no clear rationale for EMG testing at this time. In regard to NCV, clinical manifestations are inconsistent with peripheral neuropathy warranted an NCV. Therefore the request for EMG/NCV is not medically necessary or appropriate.