

Case Number:	CM15-0147607		
Date Assigned:	08/10/2015	Date of Injury:	12/13/2010
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 32 year old female who sustained an industrial injury on 12-13-10. She had complaints of bilateral hand pain and was diagnosed with carpal tunnel syndrome. Diagnostic studies include: x-ray, MRI and EMG. Treatments include medication, physical therapy and surgery. Progress report dated 7-14-15 reports continued complaints of pain in both wrists, rated 11 out of 10 on the pain scale. Range of motion is within normal limits but painful. Diagnoses include: status post right carpal tunnel release, tenosynovitis of both wrists and hands and possible early complex regional pain syndrome, right worse than the left. Plan of care includes: EMG-nerve conduction study of both upper extremities will be done in office. Follow up in 3-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - Nizatidine and gastric emptying in functional dyspepsia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 68.

Decision rationale: Similar to proton pump inhibitors, H2 blockers such as Nizatidine are used for those with GERD/reflux or those at risk of GI event and those with NSAID use and high risk of bleeding. . In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant also had been on a PPI in the past along with multiple high dose NSAIDS for months. There was no mention of Tylenol failure. Long-term use of NSAIDS is not recommended due to GI risks. Since, the NSAIDS are not necessary, the continued use of Nizatidine is not medically necessary.

Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 has symptoms and physical findings consistent with the diagnoses of carpal tunnel. The EMG/NCV is not necessary since there is no intention for cervical intervention or conflicts in physical findings. The request for EMG/NCV is not medically necessary.