

Case Number:	CM15-0163984		
Date Assigned:	09/10/2015	Date of Injury:	11/07/2011
Decision Date:	10/23/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/20/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 11-7-11. She reported pain in the hand, wrist, elbow, and shoulder or neck with numbness in the fingers. The injured worker was diagnosed as having impingement syndrome of the left shoulder acromioclavicular joint inflammation and bicipital tendinitis, lateral epicondylitis on the left, carpal tunnel syndrome on the left, and wrist joint inflammation on the left with mild inflammation of the carpometacarpal joint and A1 pulley of the first extensor compartment. Treatment to date has included TENS, a wrist brace, an elbow sleeve, left shoulder surgery on 4-10-13, right carpal tunnel surgery on 5-9-12, physical therapy, and medication. Physical examination findings on 7-22-15 included diffuse left shoulder tenderness and pain with range of motion. Speed's sign was positive, Neer's sign was positive, Hawkins' sign was positive, and Yergason's sign was positive. The injured worker had been taking Prilosec since at least January 2012. The injured worker had been taking Norco and Gabapentin since at least August 2012. The injured worker had been using Lidoderm patches since at least April 2013. The injured worker had been taking Remeron since at least November 2013. On 7-22-15, pain was rated as 5 of 10 without TENS and 2 of 10 with TENS use. Currently, the injured worker complains of pain in the left shoulder, left wrist, right wrist, left hand and right hand. Right hand numbness and left hand tingling was also noted. On 7-28-15 and 7-31-15 the treating physician requested authorization for bilateral electromyography of the upper extremities, smart gloves x1 pair, MRI of the left shoulder with arthrogram, pads for TENS unit, Norco 10-325mg #120, Prilosec 20mg #60 with 3 refills, Voltaren 75mg with 3 refills, Gabapentin 600mg #30 with 3 refills, Remeron 15mg #30 with 3 refills, and Lidoderm patches 5% #30 with 3 refills. On 8-1-15, the requested medications were modified and all other requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Bilateral EMG of the upper extremities is not medically necessary.

Smart gloves x 1 pair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Syndrome (Acute & Chronic), Gel-padded glove.

Decision rationale: Smart gloves are not recommended by the Official Disability Guidelines. Gel padded glove does not seem to have a protective effect on the carpal tunnel syndrome induced by compression. Therefore, this request is not medically reasonable and necessary at this time. Smart gloves x 1 pair are not medically necessary.

MRI of the left shoulder with arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arthrography Shoulder, Shoulder (Acute & Chronic).

Decision rationale: According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. MRI of the left shoulder with arthrogram is not medically necessary.

Pads for TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; there is evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The patient reported significant functional improvement with the current use of her TENS unit. Pads for a TENS unit are medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Norco 10/325mg #120 is not medically necessary.

Prilosec 20mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #60 x 3 refills is not medically necessary.

Voltaren 75mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren 75mg #60 x 3 refills is not medically necessary.

Gabapentin 600mg #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600mg #30 x 3 refills is not medically necessary.

Remeron 15mg #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Mirtazapine (Remeron) is a noradrenergic and specific serotonergic antidepressant (NaSSA) used to treat major depressive disorder. According to the Official Disability Guidelines, antidepressants are not routinely recommended for non-neuropathic low back pain. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. Remeron 15mg #30 x 3 refills is not medically necessary.

Lidoderm patches 5% #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm patches 5% #30 x 3 refills is not medically necessary.