

Case Number:	CM15-0168208		
Date Assigned:	09/08/2015	Date of Injury:	05/30/2011
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This 38 year old female sustained an industrial injury on 5-30-2011. The injured worker is currently being treated for lumbar disc disease, cervical disc disease and carpal tunnel syndrome. Treatments to date include MRI testing and nerve conduction testing. Medications include Flurbi and Motrin. The injured worker has continued complaints of bilateral hand pain. The pain has affected the injured worker's activity level. Upon examination, there is tenderness to palpation in the right hip greater trochanter. Mild swelling and erythema is noted in both hands. EMG testing dated 12-23-13 revealed chronic bilateral C5-6 radiculopathy and moderate to severe bilateral CTS, left greater than right. A request for EMG/NCV of the bilateral upper extremities, MRI of the bilateral hands and Flurbi (NAP) cream - LA 180 grams was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, electrodiagnostic studies (EDS); Neck, lectrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant has had 2 EMGs in the past. The Last in 2013 indicated carpal tunnel syndrome. There was no evidence of C5-C6 radiculopathy. There is noted swelling on recent examination on 7/15/15 but no indication of new neurological findings. The request for another EMG/NCV is not medically necessary.

MRI of the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand, MRI.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 25.

Decision rationale: According to the guidelines, an MRI is optional when requested prior to seeing a specialist. It is recommended when there is chronic wrist pain and normal x-rays or significant change in symptoms. An x-ray was performed but results were not provided. The claimant had undergone a lot of manipulation recently and works with frozen items at work that could lead to the symptoms. The MRI is considered optional and not a medical necessity.

Flurbi (NAP) cream - LA 180 grams: 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: Flurbicream contains a topical NSAID, lidocaine and anti-epileptic. 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. Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. According to the guidelines, there is no evidence for use of any other antiepilepsy drug as a topical product. The claimant does not have a diagnosis of arthritis or epilepsy. Based on the above, since Flurbi Cream contains an anti-epileptic, it is not medically necessary.