

Case Number:	CM15-0169934		
Date Assigned:	09/10/2015	Date of Injury:	02/09/1994
Decision Date:	10/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on 2-09-1994. The injured worker was diagnosed as having cervicalgia, myofascial pain, rule out cervical radiculopathy, repetitive use injury of the neck and right upper extremity-elbow, chronic elbow pain, status post tendon release lateral epicondyle with recurrent tendinopathy, and carpal tunnel syndrome right wrist. Treatment to date has included diagnostics, lateral release right elbow, physical therapy, acupuncture, injections (including right rhomboid trigger point injection on 4-20-2015 and right elbow lateral epicondyle injection on 6-03-2015), transcutaneous electrical nerve stimulation unit and medications. It was documented that the last electromyogram and nerve conduction studies (2007) showed C6-7 radiculopathy. Currently (8-03-2015), the injured worker complained of pain in the cervical spine with radiation to the elbow and hand, rated 7 out of 10 currently, 5 at best and 10 at worst. Pain was documented as unchanged since last visit on 6-23-2015. Right shoulder pain was unchanged and stable since last visit (rated 5 out of 10 current and at best, 7 at worst), noting the consistent use of elbow brace lately. Exam of the cervical spine included moderate spasm and tenderness to palpation at the paracervical areas and greater occiput, positive Spurling's on the right, 50 degree range of motion on flexion and extension, 45 on lateral bending. Resisted upper extremity motor strength was noted to be within normal limits with some decreased strength noted on dominant right vs left at the elbow and wrist. Exam of the bilateral shoulders included tenderness to palpation (right greater than left), Hawkin's, cross arm, and impingement signs positive on the right, intact sensation, and mildly decreased rotator cuff strength (right versus left). Exam of the elbows-wrists-hands included

tenderness to palpation, positive Tinel's mildly at the wrist, Phalen's positive on the right after 10 seconds, and slightly decreased sensation across the mid dorsal wrist and hand to tip of long finger. She was able to continue work without restrictions. The use of Skelaxin was noted since at least 3-2015 and Lido Hydrochloride since at least 5-2015. The progress report dated 3-04-2015 did not specify the topical analgesic used for pain. The treatment plan included electromyogram and nerve conduction studies of the bilateral upper extremities, and continued Ibuprofen, Gabapentin, Lido Hydrochloride lotion and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Hydrochloride lotion 3% #3 tubes: 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): Antidepressants for chronic pain, Anti-epilepsy drugs (AEDs), Lidoderm (lidocaine patch), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The recommended second line medication is lidocaine patch not lotion formulation. The criteria for the use of Lido Hydrochloride lotion 3% #3 tubes was not met. Therefore, the request is not medically necessary.

Skelaxin 400mg #180: 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): Medications for chronic pain, Metaxalone (Skelaxin), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that Skelaxin be utilized as a second line medication because of risk of liver toxicity during prolonged use. The records did not show

that the patient had failed treatment with first line medications. The duration of utilization of Skelaxin had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of Skelaxin 400mg #180 was not met. Therefore, the request is not medically necessary.

Electrograph (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyography (EMG) can be utilized for the diagnosis of neurological deficits associated with cervical radiculopathy when clinical findings and radiological tests are inconclusive. The records show documentation of subjective, objective and radiological findings consistent with cervical radiculopathy. There is documentation of prior EMG/NCV studies that showed cervical radiculopathy. There is no documentation of clinical findings indicating significant deterioration of neurological deficit that would require re-evaluation of EMG studies. The criteria for Electromyography (EMG) of bilateral upper extremities was not met. Therefore, the request is not medically necessary.

Nerve conduction studies (NCS) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Nerve Conduction Velocity (NCV) can be utilized for the diagnosis of neurological deficits associated with cervical radiculopathy when clinical findings and radiological tests are inconclusive. The records show documentation of subjective, objective and radiological findings consistent with cervical radiculopathy. There is documentation of prior NCV studies that showed cervical radiculopathy. There is no documentation of clinical findings indicating significant deterioration of neurological deficit that would require re-evaluation of NCV studies. The criteria for Nerve Conduction Velocity (NCV) studies of bilateral upper extremities was not met. Therefore, the request is not medically necessary.