

Case Number:	CM15-0181849		
Date Assigned:	09/23/2015	Date of Injury:	08/27/2014
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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, 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 56 year old female who sustained an industrial injury 08-27-14. A review of the medical records reveals the injured worker is undergoing treatment for left ring finger P1 fracture, healed with malunion. The patient's surgical history includes OFIF of left ring finger P1 fracture on 9/12/14. Medical records (05-13-15) reveal the injured worker complains of left hand numbness and pain, rated at 7/10. The patient has had progressive numbness in left hand, worsening of pain, muscle spasm, and difficulty in manipulating small objects. The physical exam (05-13-15) reveals diminished range of motion in the left ring finger as compared to the right, with slight crossover of the right finger over the long finger. There is tenderness at the ring finger metacarpophalangeal joint. The patient has had slightly positive Tinel test on left side. The patient has had normal physical examination of the right upper extremity. Prior treatment includes medications, heat, and physical therapy. The original utilization review 08-21-15 non-certified the request for Pennsaid 2% ointment and electrodiagnostic and nerve conduction studies of the bilateral upper extremities. The patient sustained the injury due to trip and fall incident. The medication list includes Tylenol and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical ointment: 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: Request: Pennsaid 2% topical ointment. Pennsaid contains topical diclofenac which is a NSAID. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms was not specified in the records provided. As per the cited guideline "In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Evidence of diminished effectiveness of medications was not specified in the records provided. Evidence of intolerance or contraindication to oral medications was not specified in the records provided. The request for Pennsaid 2% topical ointment is not medically necessary.

EMG/NCV of bilateral upper extremity: 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 Chapter.

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

Decision rationale: EMG/NCV of bilateral upper extremity. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had normal physical examination of the right upper extremity. The detailed history and duration of signs /symptoms of tingling and numbness in the bilateral upper extremities was not specified in the records provided. A plan for an invasive procedure for the upper extremity was not specified in the records provided. The response of the symptoms to a period of rest and

oral pharmacotherapy was not specified in the records provided. Objective evidence of cervical spine red flags or physiological evidence of tissue insult or neurological dysfunction was not specified in the records provided. Details of PT or other type of therapy done since date of injury was not specified for this injury. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The request for EMG/NCV of bilateral upper extremity is not medically necessary.