

Case Number:	CM15-0193567		
Date Assigned:	10/07/2015	Date of Injury:	10/21/2013
Decision Date:	12/14/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 32 year old female, who sustained an industrial injury on 10-21-2013. The injured worker is currently temporarily totally disabled and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for overuse syndrome to right upper extremity and lateral epicondylitis-tendinitis to the right elbow. Treatment and diagnostics to date has included cervical spine MRI and medications. Current medications include Voltaren, Protonix, Ultram, and Flexeril. After review of the progress note dated 08-20-2015, the injured worker reported pain in her neck into both arms. Objective findings included radial tunnel tenderness bilaterally with full range of motion in all digits, hands, wrists, and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. There is no evidence that the IW had an adequate trial of acetaminophen nor is there documentation of decreased pain or improved function with prior use of the medication. This request is not medically necessary and appropriate.

Protonix 20mg #60: Upheld

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

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

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors 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 (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. Protonix is FDA approved for treatment of erosive esophagitis and hyper secretory conditions neither of which is present in the IW. This request is not medically necessary or appropriate.

Ultram 150mg ER #30: Upheld

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

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

Decision rationale: Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. With regards to Ultram the IW appears to have been on the medication for some time and there is no notation that she has returned to work or has improved functioning and pain levels which would warrant continuing the medication. This request is not medically necessary and reasonable at this time.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Cyclobenzaprine is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. The documentation does note tender muscle spasms that would be treated with Flexeril. However, there is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame routine use of these medications is not medically necessary.

Additional acupuncture right arm 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow - acupuncture.

Decision rationale: Per ODR guidelines, acupuncture is recommended only for short-term treatment of lateral epicondyle pain. No studies have demonstrated long-term relief. It is possible to tentatively conclude that acupuncture is an effective palliative treatment for epicondylitis; however, no trial assessed potential adverse effects. Further trials are needed before definitive conclusions can be drawn. In general, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. Several trials have evaluated the effect of acupuncture on epicondylitis, and they report better short-term global outcomes and greater pain relief for patients treated with acupuncture (vs. control). An initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement of VAS score, treatment can be approved up to a total of 8 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The request is for 12 additional sessions added to 4 months of treatment which far exceeds the recommendation with no evidence of functional improvement. The request is not medically necessary and appropriate.

EMG/NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back 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) Forearm, Wrist, & Hand - Electrodiagnostic studies (EDS).

Decision rationale: Per ODG guidelines EDS are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if

the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment. The documentation notes lack of positive compression tests of the nerves and normal neurologic examination. The request is not medically necessary and appropriate.

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