

Case Number:	CM15-0206286		
Date Assigned:	10/23/2015	Date of Injury:	01/07/2010
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 35 year old female who reported an industrial injury on 1-7-2010. Her diagnoses, and or impressions, were noted to include: carpal tunnel syndrome; numbness; wrist and hand pain; and chronic pain syndrome. Electromyography and nerve conduction velocity studies were said to have been done on 11-12-2014 (moderate carpal tunnel syndrome of the right and mild carpal tunnel syndrome to the left) noting moderate right and mild left carpal tunnel syndrome; no imaging studies were noted. Her treatments were noted to include: right open carpal tunnel release on 2-27-2015; 8 hand therapy sessions (March and April 2015); a wrist-widger; medication management; and post-operative rest from work before a return to modified work duties, and then to full work duties (May 2015). The progress notes of 10/6/15 reported: continued bilateral wrist pain and recommended left carpal tunnel release surgery (denied), she continued to find her medications helpful, noted to include Voltaren and Lidoderm patches; aching, rated 10 out of 10, in the bilateral wrists, right > left, with numbness in the arm-hand, worse with writing and motion, and better with injections, heat-ice therapy, physical therapy, and medications (down to 3 out of 10). The objective findings were noted to include: no acute distress; decreased strength in the right; intact sensation in the left upper extremity-hand; pain with FAROM at bilateral wrists; and positive Phalen's tests, right > left. The physician's requests for treatment were noted to include: that she needed a surgical consult; and a refill of Voltaren long acting, #30 tabs, 1 daily. No request for Lidopro tablets #30 was noted in the medical records provided. Request for Authorization for electromyography and nerve conduction velocity studies of the bilateral upper extremities; 30 tablets of Voltaren, long-acting, and 30

tablets of Lidopro was noted in the medical records provided. The Utilization Review of 10-15-2015 non-certified the request for: electromyography and nerve conduction velocity studies of the bilateral upper extremities; 30 tablets of Voltaren, long-acting, and 30 tablets of Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Velocity Studies of the bilateral upper extremities: Upheld

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

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

Decision rationale: The patient already had confirmed evidence for bilateral carpal tunnel syndromes s/p release surgery on the right with current unchanged symptoms and clinical findings without significant progression to support repeating the diagnostic study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study rendered on 11/12/14. Right wrist showed healed incision and left wrist had no swelling with full AROM, and negative carpal compression test. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the EMG. The 1 Electromyography and Nerve Conduction Velocity Studies of the bilateral upper extremities is not medically necessary and appropriate.

30 tablet of Voltaren long acting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Review indicates the patient has been prescribed Voltaren long-acting since at least January 2015 without objective functional benefit documented. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a

few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic January 2010 injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The 30 tablet of Voltaren long acting is not medically necessary and appropriate.

30 tablets of Lidopro: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled for this chronic 2010 injury. The patient exhibits diffuse tenderness and pain in multiple joints of thumb, wrist and elbows with radiating symptoms from wrists to shoulder. The chance of improvement from generalized symptoms and functionality and with chronic use is very unlikely. Lidocaine is indicated for post-herpetic neuralgia, not seen here. Without documentation of clear localized, peripheral pain to support treatment along with functional benefit from chronic continued treatment already rendered, medical necessity has not been established. The 30 tablets of Lidopro is not medically necessary and appropriate.