MAXIMUS Federal Services

Case Number:	CM15-0207970		
Date Assigned:	10/26/2015	Date of Injury:	04/01/2013
Decision Date:	12/31/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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, 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:

This injured worker is a 61 year old male, who sustained an industrial injury on 04-01-2013. The injured worker was diagnosed as having status post right carpal nerve palsy, status post neuroplasty and radial nerve palsy tendon transfer, radial neuropathy and chronic pain syndrome. On medical records dated 05-05-2015, 07-15-2015 and 09-17-2015, the subjective complaints were noted as bilateral hand pain-numbness in all 5 fingers and decreased strength. Objective findings were noted as right hand tenderness of the dorsal aspect, palmar prominence and palmer aspect. Soft tissue palpation on left with no tissue tenderness was noted. Right hand decrease in strength was noted. Active range of motion on the right was limited. Left A1 pulley tender thumb using siver ring custom splint. Treatments to date included steroid injections, physical therapy on right 3rd, 4th and 5th digits, TENS unit, medication and surgical interventions. The injured worker was noted to be temporarily total disabled. Current medications were listed as Neurontin, Norco, Methylprednisolone, Ibuprofen and Lyrica (since 09-2015). Notes indicate that the patient has undergone at least 16 therapy sessions. The Utilization Review (UR) was dated 09-28-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Lyrica 25mg #30,, Myofascial trigger point treatment #6, nerve conduction study (NCS) - electromyography (EMG) #1 and physical therapy for right hand #6 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.

Nerve Conduction Study (NCS)/Electromyography (EMG) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Harris J. Occupational medicine practice guidelines, 2nd edition (2004) p 288-289, 270Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Nerve conduction velocity study.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, there are no findings consistent with radiculopathy to support the EMG portion of the study. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

Physical therapy for right hand Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Physical therapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Myofascial trigger point treatment Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for Myofascial trigger point treatment Qty: 6, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested Myofascial trigger point treatment Qty: 6 are not medically necessary.