

Case Number:	CM15-0046770		
Date Assigned:	03/19/2015	Date of Injury:	05/09/2012
Decision Date:	07/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, 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 64 year old female, who sustained an industrial/work injury on 5/9/12. She reported initial complaints of back, neck, and wrist pain. The injured worker was diagnosed as having lumbar sprain and strain, lumbar radiculopathy, C5-6 canal stenosis, femoral stenosis, gait dysfunction, pain in right wrist/hand. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of neck, right wrist/hand pain, low back pain with radiculopathy. Per the primary physician's progress report (PR-2) on 12/19/14, there was psychological distress with tearfulness, tenderness to palpation in the lower lumbar region and limited strength in the right lower extremity with some atrophy reported. The requested treatments include Zipsor 25mg and EMG/NCS of bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg 1 capsule by mouth every 6 hours #100 with 1 refill (prescription received in 12-2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Percocets for several months without pain score documentation. There was no indication of Tylenol failure. Therefore, the request for Zipsor is not medically necessary.

EMG/NCS of bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case there was right wrist weakness and known C5-C6 central canal stenosis. No additional neurological findings were noted on the exam. The request for bilateral EMG is not justified based on the clinical exam and subjective complaints and is not medically necessary.