

Case Number:	CM15-0049714		
Date Assigned:	03/23/2015	Date of Injury:	04/18/2006
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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 54 year old male, who sustained an industrial injury on 4/18/06. The injured worker was diagnosed as having right wrist pain, right wrist flexor tenosynovitis, bilateral upper extremities, compressive neuropathy, and ulnar nerve in the canal of Guyon right wrist. Treatment to date was not provided with documentation. In 2007, the claimant had an EMG that showed entrapment neuropathy of the ulnar nerve. Currently, the injured worker complains of burning pain over the volar aspect of his forearm from wrist to elbow, aggravated with gripping, grasping and mousing; alleviated with topical medications and home exercises. Tenderness to palpation was noted on physical exam of right wrist and right elbow. The treatment plan consisted of (MRI) magnetic resonance imaging of right wrist to rule out tenosynovitis, (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies of right upper extremity and prescription for topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) and Nerve Conduction Studies (EMG/NCV) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: An EMG/NCV is recommended for ulnar impingement after failure of treatment. It is not recommended for routine use for evaluation of nerve entrapment in those without symptoms. In this case, the claimant was diagnosed with ulnar neuropathy from a prior EMG/NCV. The exam findings currently showed negative Finklesteins, Phalens; and Tinel's sign. The request for an EMG/NCV is not medically necessary.

Magnetic Resonance Imaging (MRI) of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-wrist and hand (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation ODG- hand pain and pg 25.

Decision rationale: According to the ACOEM guidelines, an MRI arthrography is optional prior to history and physical by a qualified specialist. In this case, the claimant was diagnosed with chronic wrist pain and compressive neuropathy consistent with a prior EMG/NCV. The surgeon had requested an MRI of the right wrist to evaluate tenosynovitis. According to the ODG guidelines, the criteria for an MRI of the wrist are: Indications for imaging; Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Although it is an option when requested by an orthopedic surgeon, the guidelines do not consider it a recommended or medically necessary. The claimant did not have an acute injury, suspicion of tumor, Kienbock's disease, etc. The request for an MRI is not medically necessary.

FlurLido-A cream (Fluribiprofen 20%, Lidocaine 5%, Amitriptyline 5%, #240): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant did not have the above diagnoses. There is also lack of evidence to support the use of topical Amitriptyline. Long-term use is not indicated. Therefore, use of topical FlurLido-A cream is not medically necessary.