

Case Number:	CM15-0232835		
Date Assigned:	12/08/2015	Date of Injury:	01/07/2014
Decision Date:	01/14/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	11/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32 year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of January 7, 2014. In a Utilization Review report dated November 23, 2015, the claims administrator failed to approve requests for electro-diagnostic testing of the bilateral upper extremities, Ibuprofen, and Tramadol. The claims administrator referenced an RFA form received on November 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated September 29, 2015, the applicant was given rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Motrin was endorsed. The applicant was described as having made a lack of progress, the treating provider noted. MR arthrography of the shoulder to evaluate for labral pathology was suggested. The applicant apparently had paresthesias about the right arm, the treating provider reported toward the top of the note. The treating provider also suggested that the applicant undergo electro-diagnostic testing to evaluate for suprascapular pathology. On a separate note dated September 29, 2015, the applicant was given a 10-pound lifting limitation. Tramadol, Norco, naproxen, and Zofran were sought. It was stated that the claimant was pending a right shoulder surgery on October 16, 2015. The claimant reported difficulty lifting and reaching overhead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve conduction 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 (ODG), Chapter: Neck and Upper Back - Electromyography (EMG), Official Disability Guidelines (ODG), Chapter: Shoulder (Acute & Chronic) – Electro-diagnostic testing for TOS (thoracic outlet syndrome).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for electro-diagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the shoulder. The attending provider seemingly suggested on one of his handwritten September 29, 2015 office visits that he intended to perform electro-diagnostic testing to evaluate for suprascapular nerve pathology about the right arm. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does rarely recommend nerve conduction testing of the suprascapular nerve for cases such as severe rotator cuff weakness unaccompanied by signs of a rotator cuff tear, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of EMG or NCV testing in the routine evaluation of applicants without symptoms is deemed not recommended. Here, the treating provider acknowledged on September 29, 2015 that the applicant's paresthesias were confined to the symptomatic right upper extremity. Electro-diagnostic testing of the bilateral upper extremities would, thus, include the seemingly asymptomatic left upper extremity and was, thus, at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request is not medically necessary.

Ibuprofen 800mg #90: 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): Introduction, Anti-inflammatory medications.

Decision rationale: Conversely, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate

some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, 2 separate progress notes dated September 29, 2015 stated that the applicant was being given prescriptions for 2 different anti-inflammatory medication, naproxen and ibuprofen. The attending provider did not reconcile his decision to furnish the applicant any prescription with concurrent prescriptions for ibuprofen and naproxen. Therefore, the request is not medically necessary.

Tramadol 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Finally, the request for Tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol, a synthetic opioid, is indicated in the treatment of moderate-to-severe pain. Here, the treating provider stated on one of his handwritten September 29, 2015 office visits that the applicant was slated to undergo shoulder surgery on October 16, 2015. The request for Tramadol, thus, in effect, represented a request for postoperative usage of the same. The applicant could, thus, reasonably or plausibly be expected to have pain complaints in the moderate-to-severe range in the immediate aftermath of planned shoulder surgery. Therefore, the request is medically necessary.