

Case Number:	CM14-0131474		
Date Assigned:	09/18/2014	Date of Injury:	03/26/2010
Decision Date:	11/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 woman with a date of injury of March 26, 2010. The mechanism of injury was not documented in the medical record. She sustained injury to her bilateral upper extremities and neck. There were 2 different progress notes that were available in the submitted medical record for review. One dated April 24, 2014, and the other dated June 5, 2014. The progress report dated June 5, 2014 did not provide a physical examination. Pursuant to the progress note dated April 24, 2014, the IW presents for follow-up with multiple complaints. She has constant pain and discomfort in the neck that worsens with movement and overwork. The pain is rated 3/10. She has pain and discomfort in the bilateral wrists and elbows that is described as numbness and aching in nature and is rated 4/10 on the left and 3/10 on the right. The pain to her bilateral hand is describes as numbness and shooting in nature, radiating down to the fingers, which is rated 3/10. She indicated an aching sensation in the cervical spine. She also has aching sensation in the bilateral elbows, as well as a stabbing sensation in the left elbow. Physical examination reveals the neck is in normal position. The shoulder contours are normal bilaterally. The IW is not wearing a neck brace. There is tenderness to palpation over the spinous processes at C3-C5, and spasm over the paravertebral and upper trapezii muscles of the cervical spine. There is pain and spasms with flexion, extension, and left lateral bending of the cervical spine. There is pain on flexion and abduction with range of motion of both shoulders. Motor strength is graded 4/5 at C4-C5 (deltoid/biceps) bilaterally. There is hypoesthesia noted over the C7 and C8 dermatomes bilaterally as well as C6 dermatomes on the right. Spurlings test is negative bilaterally. Cervical compression test is positive with localized pain. Phalen's and Tinel's tests are positive bilaterally. Finkelstein's and Adson's tests are negative bilaterally. Gait is normal. Diagnoses include: Bilateral carpal tunnel syndrome right greater than left (EMG/NCV dated 3/23/11), Status-post right carpal tunnel release and lateral epicondyle release

(3/21/12, left carpal tunnel release and lateral epicondyle release (3/14/13), and bilateral lateral epicondylitis. Current medications include: Tramadol 50mg, Tapazole 5mg, and Hydrocortisone cream 2%. For medication monitoring purposes, urine drug testing will be requested. The authorization for continued acupuncture for the bilateral hands and bilateral elbows is still pending. Recommended treatment plan: The provider notes that although the cervical spine was injured at the time of initial injury, it was only added as an accepted body party in July 2013. The IW states that she has not had any treatment for the neck in any form other than oral pain medicine. For that reason, the provider is requesting an authorization for physical therapy directed to the cervical spine, twice a week for 3 weeks on a trial basis. The IW is working full duty with no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atenolol
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684031.html>

Decision rationale: Pursuant to MedlinePlus, Atenolol 25 mg is not medically necessary. Atenolol is a medication that is used alone or in combination with other medications to treat high blood pressure. It is also used to prevent angina and improve survival after a heart attack. It is in a class of medications called beta blockers. For additional details see the attached link. In this case, the subject of complaints referred to pain in the cervical spine pain and discomfort bilateral elbows with associated numbness in constant pain and discomfort in the hands bilaterally. There is no documentation of a physical examination present. The diagnostic impression does not include any hypertension or heart related problems that might require atenolol use. Based on clinical information in the medical record, the lack of a clinical indication and the peer-reviewed evidence-based guidelines, atenolol is not medically necessary.

Methimazole 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Methimazole
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682464.html>

Decision rationale: Pursuant to MedlinePlus, Methimazole is not medically necessary. Methimazole is a medication used to treat hyperthyroidism. For additional details please see the

attached link. In this case, there is no discussion of any thyroid issues or thyroid problems. Consequently, Methimazole is not medically necessary.

Hydrocortisone 2% topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hydrocortisone 2% <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682793.html>

Decision rationale: Pursuant to MedlinePlus, hydrocortisone 2% topical is not medically necessary. Hydrocortisone 2% topical is available with a prescription. It is used to treat itching, redness, dryness, scaling, inflammation and discomfort of various skin conditions. In this case, there is no documentation to support the use of hydrocortisone 2% topical. Consequently, hydrocortisone 2% topical is not medically necessary.

Urine drug test: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Drug screening is appropriate in patients with issues of abuse, addiction, misuse, diversion, or pain control. In this case, the injured worker takes tramadol. There are no indicators in the medical records suggestive of drug misuse or abuse nor is there any documentation explaining the rationale behind the urine drug screening test. The treating physician did note he was ordering the UDS to evaluate the continuing of evaluation of medicine intake. This entry appears at the end of each progress note. The injured worker's documentation does not show an intermediate or high risk patient for drug misuse. Based on clinical information the medical record in the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. The guidelines enumerate the indications for magnetic resonance imaging. They include chronic neck pain (after three months of conservative treatment, normal radiographs, neurologic signs or symptoms present; neck pain with radiculopathy is severe or progressive neurologic deficit; chronic neck pain, radiographs show spondylosis, neurologic signs and symptoms present. In this case, the injured worker had complaints of constant pain in the cervical spine and discomfort in the elbows bilaterally with associated numbness, constant pain and discomfort in the hands bilaterally. There was documentation of the neck examination with tenderness present. Follow-up exam had no physical examination. Additionally, there was no neurologic examination present. The diagnoses in the medical record were bilateral carpal tunnel syndrome, right greater than left; status post right carpal tunnel release and lateral epicondylar release; bilateral lateral epicondylitis; and musculoligamentous sprain. There is no clinical indication in the medical record to support the MRI cervical spine. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI and cervical spine is not medically necessary.