

Case Number:	CM14-0147668		
Date Assigned:	09/18/2014	Date of Injury:	12/14/2012
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation 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 48-year-old female who sustained an injury on 12/14/12. On 6/30/14, she complained of right shoulder pain rated at 8/10, and right arm and elbow pain with numbness and pins and needles sensation, rated at 8/10. She also complained of right hand burning pain with numbness and pins and needles. On 7/28/14, she complained of ongoing right wrist and elbow pain. Right shoulder exam revealed anterior and posterior acromioclavicular joint tenderness. Right shoulder ROM was abduction 150 degrees, internal and external rotation 65 degrees and flexion 160 degrees; crepitus on motion was present. She had right small digit pain. ROM of the small finger was good, but there was a significant amount of pain with ROM up to her right shoulder with numbness and tingling. Neer and Hawkins maneuvers and impingement sign were positive. Current medications include losartan, amlodipine, and Nexium. Report dated 6/6/14 indicated that she was on Flexeril and attended seven or more physical therapy sessions without improvement. She had Kenalog injections for right shoulder with benefits. She had EMG/NCV study of the right upper extremity in May 2013 and right wrist MRI in 2013. Diagnoses include right shoulder impingement syndrome, right carpal tunnel syndrome, right elbow lateral epicondylitis, and right wrist tendinitis. There were no documentation on previous shockwave therapy, acupuncture and benefit with cyclobenzaprine and TGHOT cream. The request for extracorporeal shockwave therapy for the right elbow; EMG/NCV studies of upper extremities; and TGHOT cream 240 gm were denied on 08/11/14. The request for acupuncture 8 visits (2x4), right upper extremity was modified to six initial acupuncture visits and cyclobenzaprine 10 mg one p.o. q12h. #60 was also modified to cyclobenzaprine 10 mg #30 on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow

Decision rationale: Per ODG, ESWT is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. The request is therefore, non-certified according to guidelines.

EMG/NCV Studies of Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special studies and diagnostic and treatment considerations Official Disability Guidelines (ODG), Neck

Decision rationale: According to the CA MTUS/ACOEM, "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The medical records do not reveal clinically significant findings that establish medical necessity of EMG of the upper extremities. As per ODG, EMGs (Electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. NCS is indicated when there is clinical evidence of neuropathy. In this case, there is no clinical evidence of cervical radiculopathy. The records indicate that the IW had EMG/NCV study of the right upper extremity in May 2013 which showed right carpal tunnel syndrome. There is no presentation of new or worsening of symptoms to warrant a repeat study. There is no mention of any specific reason for repeating the EMG/NCS. Furthermore, it is not clear as to why the Electrodiagnostic studies of the left upper extremity have been requested, where the IW is asymptomatic. Therefore, the medical necessity of the request for EMG/NCS of the upper extremities is not established per guidelines.

Acupuncture 8 visits (2x4), Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the treatment guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. In this case, the medical records do not demonstrate the above criteria are met. There is no documentation of recent surgery and reduction in pain medication or intolerance. Furthermore, the requested number of visits exceeds the guidelines. Therefore, the request is not medically necessary per guidelines.

Cyclobenzaprine 10mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with its continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.

TGHot cream 240mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: TGhot is a combination of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, Gabapentin is not recommended for topical application. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no peer-reviewed literature to support use. Also Tramadol is not recommended for topical use. Per guidelines, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended.
Accordingly, the request is not medically necessary per guidelines.