

Case Number:	CM14-0082119		
Date Assigned:	08/06/2014	Date of Injury:	12/24/2001
Decision Date:	10/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 Orthopedic Surgery, 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 52 year old male injured on December 24, 2001. The most recent treating physician progress note, dated July 18, 2014, indicate the injured worker complains of left sacroiliac joint pain radiating across lumbar spine, down left leg, with numbness and tingling. This pain has increased since a motor vehicle accident, date not specified. The injured worker complains of cervical spine pain that radiates to back of head. The injured worker states pain medications are helpful. Legible physical exam notes revealed a positive straight leg raise, cervical spine tenderness, as well as tenderness of the lumbar spine. Diagnoses include recurrent bilateral carpal tunnel syndrome, right hip strain/sprain, and lumbar discopathy with disc displacement, coccydynia, and neck pain. The physical examination by an orthopedic surgeon, dated June 24, 2014, noted tenderness and spasm in the supportive neck musculature, and range of motion minimally diminished in the cervical spine. Vertex compression and Naffziger maneuver were negative. Low back exam demonstrated tenderness and spasm in the lower lumbar segments, with healed surgical scars from previous fusion. Straight leg raise was to 90 degrees, without back or leg complaint. Deep tendon reflexes were depressed symmetrically. The request for topical Flurbiprofen, qty 120gm; topical Cyclobenzaprine, QTY 60gm; EMG of the upper extremities; and NCV of the upper extremities were denied in previous utilization review, dated May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen, qty 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis of lumbar spine pain, this request for Flurbiprofen is not medically necessary.

Topical Cyclobenzaprine, qty 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents including Cyclobenzaprine. Considering this, the request for Topical Cyclobenzaprine, QTY 60gm is not medically necessary.

EMG of the upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic Studies, Updated February 20, 2014

Decision rationale: The Official Disability Guidelines indicates that electrodiagnostic studies to include EMG and NCV testing of the upper extremities are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Although there has been prior surgery for carpal tunnel syndrome the injured employee still has complaints consistent with this and there are recent physical examinations with a positive Tinel's and Phalen's test. Considering this, the request for EMG and NCV studies of the upper extremities is medically necessary.

NCV of the upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electrodiagnostic Studies, Updated February 20, 2014

Decision rationale: The Official Disability Guidelines indicates that electrodiagnostic studies to include EMG and NCV testing of the upper extremities are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Although there has been prior surgery for carpal tunnel syndrome the injured employee still has complaints consistent with this and there are recent physical examinations with a positive Tinel's and Phalen's test. Considering this, the request for EMG and NCV studies of the upper extremities is medically necessary.