MAXIMUS Federal Services

Case Number:	CM14-0096287		
Date Assigned:	09/15/2014	Date of Injury:	09/10/2009
Decision Date:	10/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopaedic 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:

This 46-year-old female clerk sustained an industrial injury on 9/10/09, relative to cumulative work duties. Past surgical history was positive for cervical spine surgery. The 1/17/13 EMG/NCV testing showed no signs of right carpal tunnel syndrome but there was evidence for bilateral upper extremity axonal polyneuropathy. The 10/1/13 cervical MRI impression documented C5/6 midline and posterior disc protrusions resulting in some mild abutment of the cervical cord with mild to moderate central canal narrowing and abutment of the exiting right nerve root. Records indicated that the 1/24/14 utilization review certified a right upper extremity nerve conduction study with no evidence that this was completed. The 2/19/14 utilization review non-certified a request for Norco as there was no documented benefit. The 4/18/14 treating physician treating physician report cited subjective complaint of worsening right upper extremity symptoms. Right wrist exam documented no swelling, tenderness to palpation over the flexor and extensor tendons, and hypersensitivity throughout the right upper extremity. There was right hand coldness with slight discoloration. Tinel's was positive at the wrist and elbow. Right shoulder exam documented tenderness over the supraspinatus tendon, subacromial area, and anterior capsule. Impingement test was positive. Range of motion testing documented reduced range of motion with flexion 78 and abduction 83 degrees. The treatment plan requested authorization for referral for pain management consult to consider stellate ganglion block, right upper extremity EMG/NCV to rule-out focal compressive neuropathy, and right shoulder diagnostic ultrasound to rule-out internal derangement. Norco and Neurontin were continued. Medications reportedly reduced pain from grade 7-9/10 to grade 6-7/10 for 4 to 6 hours with functional improvement in activities of daily living, participation in home exercise program, and ability to work. The 4/21/14 treating physician letter indicated that the patient had undergone a course of conservative treatment, including physical therapy, home exercise, medications, and

home electrical stimulation with only temporary relief. Symptoms had persisted and worsened over the last few months. A stellate ganglion block was recommended. The 5/22/14 utilization review denied the request for right shoulder diagnostic ultrasound as there were no clinical findings suggestive of a rotator cuff tear or other shoulder pathology to support the medical necessity. The request for EMG/NCV of the right upper extremity was denied as a nerve conduction study was previously authorized and there was no clear rationale to support the medical necessity of EMG testing. Norco was denied, noting prior non-certification, as there was still no documentation of pain relief, functional status, appropriate medication use, or side effects consistent with guidelines. Neurontin was denied as there was no documentation of significant pain relief or functional improvement despite long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder ultrasound: 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): diagnostic ultrasound

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound (diagnostic)

Decision rationale: The California MTUS state that ultrasonography is not recommended for evaluation of the rotator cuff. In general, guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines indicate that ultrasound may be used to evaluate the integrity of the rotator cuff in shoulders that have undergone an operation. Guideline criteria have not been met. There is no evidence that this patient has previously undergone shoulder surgery or that an invasive procedure is planned. There is no current evidence suggestive of a red flag, clinical evidence of tissue insult, or that the patient has failed a strengthening program. Current shoulder strength is not documented. Given the absence of guideline support, right shoulder ultrasound is not medically necessary.

EMG/NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The California MTUS guidelines state that appropriate electrodiagnostic studies help differentiates between carpal tunnel syndrome and other conditions, such as cervical

radiculopathy. These may include nerve conduction study, or in more difficult cases, EMG may be helpful. Guideline criteria have been met. Given the worsening symptoms reported, history of cervical disc pathology, involvement of the entire upper extremity, and diagnosis of reflex sympathetic dystrophy, the inclusion of an EMG seems reasonable. Therefore, EMG/NCV right upper extremity is medically necessary.

Norco 10/325mg every 6 hours, as needed, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list, Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. Although some pain reduction has been reported with the use of Norco, records also indicated that the patient has failed medications with worsening of symptoms. General functional benefit has been documented relative to all medications, but is not objectified. There is no documentation of on-going opioid therapy management. Records suggest this medication was dispensed, so weaning is not of concern. Therefore, Norco 10/325mg is not medically necessary.

Neurontin 600mg, twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS guidelines recommend the use of Neurontin as a first-line treatment for neuropathic pain. It is recommended as a trial for complex regional pain syndrome. The recommended trial period is 3 to 8 weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. Guidelines indicate a moderate response to the use of anti-epilepsy drugs (AEDs), such as Neurontin, is a 30% reduction in pain. Guideline criteria have not been met. This medication appears to have been initially prescribed on 8/22/14 with no clear evidence that guideline-recommended pain control has been achieved. Guidelines recommend a change to another first line medication if pain is not adequately controlled with Neurontin. Weaning is not

an issue as this medication has been dispensed. Therefore, Neurontin 600mg is not medically necessary.