

Case Number:	CM14-0217081		
Date Assigned:	01/06/2015	Date of Injury:	02/02/2001
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 male who sustained a work related injury February 2, 2001. The injured worker reported bilateral hand pain and tingling, left worse for more than one year with the history of left carpal tunnel release approximately ten years ago. An electrodiagnostic consultation performed July 18, 2014, reveals evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. No evidence of cervical radiculopathy or cubital tunnel syndrome was noticed on either side of his upper extremities (report present in medical record). AN MRI of the cervical spine without contrast(report present in medical record) dated September 29, 2014, reveals marked progression of discogenic degenerative changes, associated uncovertebral degenerative changes contributing to moderate central stenosis, moderate to severe multilevel neural foraminal stenosis; reversal of normal cervical lordosis without fracture, subluxation or marrow edema. A primary treating physician's progress report dated November 13, 2014, finds the injured worker presenting with complaints of an acute flare up of neck and back pain. He is requesting medication refills as he states he has exhausted his medication supply. Physical examination reveals tenderness throughout the cervical and lumbar musculatures. Mild to moderate muscle spasms are palpable. Cervical range of motion is decreased in flexion 40/50 degrees and extension 40/60 degrees with pain at these ranges. Spurling's test is negative. Lumbar range of motion reveals a decrease in both flexion and extension with increasing pain with movement. Standard leg raise is negative for dural irritation. Diagnoses are documented as moderate cervical and lumbosacral sprain/strain; headaches secondary to cervical spasms; moderate thoracic

sprain/strain; right shoulder sprain/strain; carpal tunnel syndrome; mild dyspepsia; insomnia; fatigue and depression. Treatment plan included request for authorizations of Norco, Soma, Naproxen, Protonix, and EMG/NCV of the upper extremities. Work status is documented as return to work on August 17, 2006; semi-sedentary work only, no lift/carry >10 pounds, no repetitive bending, stooping, pushing or pulling. According to utilization review performed December 2, 2014, Naproxen was certified; Norco and Soma were conditionally non-certified. The request for Protonix 20mg # 60 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, the use of a proton pump inhibitor is an option for patients at intermediate risk for gastrointestinal events with cardiovascular disease. There is no documentation present to support the guideline and therefore, not medically necessary. (1) EMG/NCV of the bilateral upper extremities is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, there are no subjective complaints suggestive of neurologic dysfunction or objective findings suggestive of neurologic dysfunction, and additionally, a negative Spurling's test. Therefore, EMG/NCV of the bilateral upper extremities does not appear to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68.

Decision rationale: Proton pump inhibitors such as protonix are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

One (1) EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, Hand, Carpal Tunnel Syndrome: EMG

Decision rationale: According to the ODG, EMG's have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy. Electrodiagnostic studies are recommended when neurotrauma such as ulnar nerve injury is suspected. In cases where carpal tunnel syndrome is suspected, EMG is only recommended where diagnosis is difficult with nerve conduction studies. In more difficult cases, EMG may be helpful as part of

electrodiagnostic studies which include NCS. In this case, objective findings on exam including positive Tinels's and Phalen's test as well as a previous NCV study have confirmed carpal tunnel syndrome. There is no indication for EMG.