MAXIMUS Federal Services

Case Number:	CM14-0091985		
Date Assigned:	07/25/2014	Date of Injury:	05/19/2011
Decision Date:	05/29/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 47-year-old male, with a reported date of injury of 05/19/2011.The diagnoses include status post open reduction internal fixation and plate removal of a distal radius fracture; right-sided C5-C6 radiculopathy, complex regional pain syndrome 1 of the right upper extremity, and chronic myofascial pain syndrome.Treatments to date have included electromyography, topical pain medication, and oral medications.The comprehensive follow-up visit report dated 05/20/2014 indicates that the injured worker complained of constant right wrist pain, rated 5 out of 10, with shooting pain in the right forearm. It was noted that sometimes the pain would shoot on the right side of the neck, with tingling, numbness, and burning. The objective findings include restricted range of motion of the right wrist and cervical spine; loss of normal lordotic curve of the cervical spine; a well-healed surgical scar on the palmar surface of the right forearm; localized tenderness near the medial anatomical snuffbox; diminished sensation to light touch along the medial and lateral border of the right forearm; paravertebral muscle spasm; and localized tenderness in the lower cervical and right supraclavicular region.The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the upper extremities and Norflex 100mg for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are distal radius fracture status post open reduction internal fixation and plate removal; right-sided C-5 - C6 radiculopathy; CRP has type I right upper extremity; chronic myofascial pain syndrome; and depression. Documentation, according to a May 20, 2014 progress note, subjectively shows constant right wrist pain with the VAS score a 5/10 shooting into the right forearm. Sometimes, pain shoots to the right side of the neck. There are no left sided symptoms. Objectively, range of motion of the right wrist and cervical spine are restricted. There is localized tenderness in the right anatomical snuffbox. There is diminished sensation to light touch over the medial and lateral border of the forearm. Other than the diminished sensation to light touch (supra), there are no neurologic findings documented. There is no clinical indication or rationale for an EMG/NCV of the left upper extremity. There are no unequivocal specific nerve compromise findings documented in the medical record. A complete neurologic evaluation of the upper extremities is absent from the medical record. Consequently, absent clinical documentation of bilateral upper extremity symptoms with a complete neurologic evaluation and unequivocal specific nerve compromise, EMG/NCV of the upper extremities is not medically necessary.

Norflex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are distal radius fracture status post open reduction internal fixation and plate removal; right-sided C-5 - C6 radiculopathy; CRP has type I right upper extremity; chronic myofascial pain syndrome; and depression. Documentation, according to a May 20, 2014 progress note, subjectively shows constant right wrist pain with the VAS score a 5/10 shooting into the right forearm. Sometimes, pain shoots to the right side of the neck. There are no left sided symptoms. Objectively, range of motion of the right wrist and cervical spine are restricted. There is localized tenderness in the right anatomical snuffbox. There is diminished sensation to light touch over the medial and lateral border of the forearm. Other than the diminished sensation to light touch (supra), there are no neurologic findings documented. The documentation does not show objective functional improvement as it relates to ongoing Norflex 100mg use. Muscle relaxants are indicated for short-term treatment of an acute exacerbation of low back pain or an exacerbation of chronic low back pain. There is no specific documentation of an acute exacerbation of chronic low back pain. There are no clinical findings of spasm documented. Additionally, Norflex is indicated for short-term (less than two weeks). Norflex first appears in April 22, 2014 progress note. The documentation in the May 2014 progress note indicates Norflex is to be continued. The treating provider exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent compelling clinical documentation with objective functional improvement over the prior four weeks to support the ongoing use of Norflex in excess of the recommended guidelines for short-term (less than two weeks) use, Norflex 100mg is not medically necessary.