

Case Number:	CM15-0007961		
Date Assigned:	01/26/2015	Date of Injury:	06/09/2012
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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: Texas, California

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:

This is a 58 year old female patient, who sustained an industrial injury on June 9, 2012. She sustained the injury due to cumulative trauma. The diagnoses include cervical spine strain and sprain, left knee medial meniscal tear, severe tricompartmental arthritis, bilateral shoulder impingement syndrome, left cubital tunnel syndrome, depression, anxiety, leg joint pain. Per the doctor's note dated 12/10/14, she had complaints of headaches, depression, pain over the left shoulder and upper back with radiation to the left arm and hand with tingling and numbness in both wrists/hands; low back pain and bilateral knee pain. Physical examination revealed cervical spine- tenderness and decreased range of motion; decreased sensation in left arm and left leg. The medications list includes lorazepam, citalopram, exemestane, hydrocodone, omeprazole, naproxen and gaviscon. The records indicate she received Prilosec in November 2014, with refills. The records indicate she reports not taking the prescribed Voltaren. She has undergone left carpal tunnel release in December 2012, right carpal tunnel release in February 2013, surgery for needle stick in her foot in 11/2014. She has had cervical spine and bilateral shoulder MRI on 3/16/2011, bilateral wrists MRI dated 3/18/11 and electrodiagnostic studies in 2011 which revealed bilateral carpal tunnel syndrome and acute right C5, C6 and left C5, 6 and 7 cervical radiculopathy; EMG/NCS on 2/7/2012 which revealed bilateral median sensory neuropathy at wrist and mild right ulnar motor neuropathy at the elbow. She has had physical therapy visits for this injury. On January 5, 2015, Utilization Review non-certified repeat electromyogram and nerve conduction studies of both upper extremities, and Voltaren 50 mg, quantity #60, and Prilosec 20 mg, quantity #60 with three refills, based on ACOEM, MTUS, Chronic Pain

guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of repeat electromyogram and nerve conduction studies of both upper extremities, and Voltaren 50 mg, quantity #60, and Prilosec 20 mg, quantity #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS of both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

Decision rationale: Request: Repeat EMG/NCS of both upper extremities. Per the ACOEM guidelines cited below 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. Patient has already had EMG/NCS upper and lower extremities in 2011 which revealed bilateral carpal tunnel syndrome and acute right C5, C6 and left C5, 6 and 7 cervical radiculopathy; EMG/NCS on 2/7/2012 which revealed bilateral median sensory neuropathy at wrist and mild right ulnar motor neuropathy at the elbow. These electrodiagnostic studies report are not specified in the records provided. Significant changes in patient's clinical condition since these diagnostic studies that would require repeat EMG/NCS of both upper extremities is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Repeat EMG/NCS of both upper extremities is not fully established for this patient.

Voltaren 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page(s): 22. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Diclofenac sodium (Voltaren®, Voltaren-XR®)

Decision rationale: Request: Voltaren 50mg, #60 Voltaren contains diclofenac which is an NSAID. According to CA MTUS chronic pain medical treatment guidelines Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). Patient had chronic pain over the multiple areas. Therefore use of NSAID is medically appropriate and necessary. However per the cited guidelines a large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market.

According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. The failure of other NSAIDs like ibuprofen and naproxen is not specified in the records provided. The request for Voltaren 50mg, #60 is not deemed medically necessary and appropriate as a first line NSAID due to its risk profile.

Prilosec 20mg, #60, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: Request: Prilosec 20mg, #60, with 3 refills. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs. The MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patient is at high risk for gastrointestinal events treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg, #60, with 3 refills is not established for this patient.