

Case Number:	CM15-0008977		
Date Assigned:	01/27/2015	Date of Injury:	10/28/2011
Decision Date:	03/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female was injured 10/28/11 in an industrial accident. Currently she complains of constant, sharp left arm, left shoulder, left elbow, forearm wrist hand and thumb pain. In addition she is experiencing neck pain. Current medications were not noted. Diagnoses include cervical sprain/ strain, left rotator cuff tear, left shoulder impingement syndrome, left epicondylitis, left medial epicondylitis, left carpal tunnel syndrome and left de Quervain's disease. Because of her current complaints the treating physician recommended Gaba. Flur compound; MRI of the left shoulder and electromyography in the upper extremities to assess for radiculopathy versus neuropathy. On 10/28/11 Utilization Review non-certified the request for electromyopathy/ nerve conduction velocity in the upper extremities citing MTUS: Shoulder Complaints and ODG. MRI of the right shoulder was non-certified citing MTUS: Chronic Pain Medical Treatment Guidelines and Shoulder Complaints and ODG. Medication X1 gaba Flur compound cream was non-certified citing MTUS: Chronic Pain Medical Treatment Guidelines. Urine Toxicology was non-certified citing MTUS: Chronic Pain Medical Treatment Guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV in the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability GUIDelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: Regarding the request for EMG/NCV, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the provider notes wrist pain and numbness, but there is no identification of the specific site(s) of these complaints to help delineate the specific nerves/nerve roots that may be involved, nor are any positive exam findings consistent with focal neurologic dysfunction noted. In the absence of such documentation, the currently requested EMG/NCV is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 10/31/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Regarding the request for MRI of the right shoulder, CA MTUS and ACOEM state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, while the provider notes some significant symptoms and findings of the left shoulder, there is no current documentation of the same for the right shoulder. In the absence of clarity regarding those issues, the currently requested MRI of the right shoulder is not medically necessary.

Gaba Flur Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Gaba Flur compound cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Gaba Flur compound cream is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Pain Chapter, Urine drug testing (UDT)

Decision rationale: Regarding the request for a urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine drug screen is not medically necessary.