

Case Number:	CM15-0015658		
Date Assigned:	02/03/2015	Date of Injury:	03/01/2012
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on March 1, 2012. The diagnoses have included bilateral carpal tunnel syndrome with right carpal tunnel release on January 31, 2013 and left carpal tunnel surgery on November 29, 2012, trigger finger release, bilateral ulnar neuritis, cervical strain, and cubital tunnel syndrome. Treatment to date has included physical therapy, cubital tunnel block, and oral and topical medications. Currently, the injured worker complains of pain in the 4th and 5th fingers with subluxing of the 5th finger, with ulnar neuritis. The Treating Physician's report dated December 30, 2014, noted a positive Tinel's at the right cubital tunnel proximal, increasing with elbow flexion with a distant component into the 4th and 5th fingers. The injured worker was noted to have difficulty flexing the right 4th and 5th fingers, with decreased sensation. The Physician noted a dominant cubital tunnel syndrome, right side, and lesser left side, with distal loss of function. On January 12, 2015, Utilization Review non-certified Norco 5/325mg #50, Percocet 5/325mg #50, Cymbalta 30mg #90 with three refills, and a repeat EMG/NCV of the bilateral upper extremities. The UR Physician noted that the injured worker's ongoing complaints were not alleviated with the Norco, with the request for Norco 5/325mg #50, recommended for non-certification. The UR Physician noted that the injured worker's ongoing complaints were not alleviated with the Percocet, with partial approval recommendation for Percocet 5/325mg #40 to commence weaning. The UR Physician noted recommended partial approval of the Cymbalta 30mg #90 with three refills, to approval for one month (#90) with one refill. The UR Physician noted the last EMG/NCV was in January 2014, with no change in the clinical examination, therefore the request for a repeat

EMG/NCV of the bilateral upper extremities was not approved. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #50, Percocet 5/325mg #50, Cymbalta 30mg #90 with three refills, and a repeat EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker has significant pain relief and objective functional improvement with the use of opioid pain medications. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #50 is determined to not be medically necessary.

Percocet 5/325mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids Page(s): 102, 79-80, 116-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-

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Cymbalta 30mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: It is noted that the utilization review did not determine that treatment with Cymbalta was not necessary, but modified the request for 12 months of treatment (three months of medication with three refills) to two months of treatment (one month of medication with one refill). The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. The injured worker is being followed frequently, and not once a year. It would be expected based on the MTUS Guidelines that during follow up, continued necessity for this medication is evaluated. A one year prescription therefore would not be indicated as the injured worker's injury/illness will improve with ongoing evaluation and management. The request for Cymbalta 30mg #90 with 2 refills is determined to not be medically necessary.

Repeat EMG/NCV bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-176. Decision based on Non-MTUS Citation ODG, Neck and Upper Back chapter, Nerve Conduction Studies (NCS) section

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The injured worker is noted to have EMG/NCS of bilateral upper extremities in 1/2014, which were normal. There is no interval history or change in physical examination that would indicate the need for repeat EMG/NCS at this time. The request for Repeat EMG/NCV bilateral upper extremities is determined to not be medically necessary.