MAXIMUS Federal Services

Case Number:	CM15-0175358		
Date Assigned:	09/16/2015	Date of Injury:	05/26/2009
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina
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 45 year old female, who sustained an industrial injury on 05-26-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee pain right elbow and arm pain and left arm pain. Medical records (01-28-2015 to 07-29- 2015) indicate ongoing bilateral wrist pain with numbness in bilateral hands with repetitive use. Through the progression of the progress notes, the pain was noted to be slightly increasing and starting to radiate to both elbows with progression of numbness and tingling, weakness in both hands. The injured worker reported increasing and worsening episodes of pain at night, and new complaints of left knee pain. Records did not indicate any changes in activities of daily living. Per the treating physician's progress report (PR), the IW has returned to work with modified duties. The physical exams, dated 07-01-2015 and 07-29-2015, revealed tenderness upon palpation of the right elbow, positive Finklestein's test, some restricted range of motion (ROM) in the right wrist, slight swelling of the left wrist with palpated tenderness, restricted ROM of the left wrist due to pain, positive Tinel's sign, evidence of carpal tunnel syndrome, bruising (different stages) to the left lateral thigh, near normal and uncomfortable ROM of the left knee, tenderness to palpation of the medial joint line of the left knee with mild crepitus, and tenderness at the lateral peri-patellar soft tissue. There were no significant changes in these exams. Relevant treatments have included bilateral carpal tunnel surgeries (2014), physical therapy (PT), work restrictions, and oral and topical medications. The AME (Agreed Medical Evaluation) report indicates that EMG/NCV (electromyography/nerve conduction velocity) testing of the upper extremities were completed in 2014 and showed positive evidence of

bilateral carpal tunnel syndrome, but no evidence of cervical radiculopathy or ulnar neuropathy. Aldo reported were MRIs of the right elbow and wrist showing evidence of cubital tunnel syndrome. The request for authorization (07-29-2015) shows that the following diagnostic testing and medication were requested: EMG/NCV test of the upper extremities, and Terocin cream. Previous request for the EMG/NCV were noted on 07-01-2015 and 05-20-2015. Previous request dates for the Terocin cream included 07-01-2015.The original utilization review (08-11-2015) denied the request for EMG/NCV testing, and Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies 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. Electromyography (EMG), and nerve conduction velocities (NCV), 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. The assessment may include sensory- evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or subtle physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not medically necessary.

Terocin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.