

Case Number:	CM15-0028356		
Date Assigned:	02/20/2015	Date of Injury:	01/22/2008
Decision Date:	05/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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: 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 56 year old male, who sustained an industrial injury on January 22, 2008. The diagnoses have included brachial neuritis/radiculitis, thoracolumbar/lumbar neuritis/radiculitis, radial styloid tenosynovitis, neck sprain/strain, lumbar region sprain/strain, carpal tunnel syndrome, and lesion of the ulnar nerve. Treatment to date has included left wrist surgery, TENS, activity modification, ice/heat, and medications. Currently, the injured worker complains of left wrist, cervical spine and lumbar spine pain. The Treating Physician's report dated December 29, 2014, noted the lumbar spine with moderate tenderness in the pelvic brim and junction with moderate spasms in the paravertebral musculature bilaterally, and bilateral sciatic notch tenderness. The cervical spine was noted to have moderate tenderness and tightness in the CT junction extending into the paravertebral musculature and trapezius and slightly into the upper interscapular area. The Physician noted a moderate radial deformity of the left hand and wrist, with positive carpal and Guyon's canal Tinel's testing. On January 16, 2015, Utilization Review non-certified an electromyography (EMG)/nerve conduction velocity (NCV) bilateral upper extremities, Norco 10/325mg #60, Valium 10mg #90, Trazadone HCL 50mg #30 (x11 refills), and Prilosec over-the-counter 20mg #30 (x11 refills). The UR Physician noted that the injured worker only had symptoms on the left side and it was unclear why a bilateral procedure and the electromyography (EMG) was medically necessary. Therefore, the request for an electromyography (EMG)/nerve conduction velocity (NCV) was denied, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). The Norco request was modified to partial certification

for Norco 10/325mg #30, with the remaining #30 denied, due to lack of documented quantified and functional benefits as required by the MTUS Chronic Pain Medical Treatment Guidelines. The request for Valium was partially certified to approve Valium 10mg #60, with the remaining #30 denied to wean and prevent withdrawal, citing the MTUS Chronic Pain Medical Treatment Guidelines. The request for Trazadone was partially certified to approve Trazadone HCL 50mg #30, with the remaining Trazadone HCL 50mg #30 (x11 refills) denied for weaning as the medical necessity could not be determined for a full year in advance, citing the Official Disability Guidelines (ODG). The request for Prilosec was partially certified to approve Prilosec over-the-counter 20mg #30, with the remaining Prilosec over-the-counter 20mg #30 (x11 refills) denied for weaning as a full year may not be approved in advance, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 16, 2015, the injured worker submitted an application for IMR for review of an electromyography (EMG)/nerve conduction velocity (NCV) bilateral upper extremities, Norco 10/325mg #60, Valium 10mg #90, Trazadone HCL 50mg #30 (x11 refills), and Prilosec over-the-counter 20mg #30 (x11 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electric Diagnostic Studies, twc.com/odgtwc/Carpal_Tunnel.htm Electric Diagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Neck Chapters, Electrodiagnostic Studies.

Decision rationale: Per MTUS, electrodiagnostic studies may help differentiate between Carpal Tunnel Syndrome (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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. Documentation provided for review indicates the injured worker is diagnosed with Carpal Tunnel Syndrome and has had prior left wrist surgery, with ongoing left wrist pain. Physician reports reveal the injured worker complains of tingling in the shoulders down both arms into the lateral ulnar digits with positive Tinel's sign bilaterally. The recommendation for bilateral upper extremity EMG and NCV is reasonable and appropriate to further differentiate between Carpal Tunnel Syndrome and other conditions in this injured worker. The request for EMG/NCV Bilateral Upper Extremities is medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic left wrist, neck and low back pain. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Norco 10/325mg #60 is not medically necessary.

Valium 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Valium 10mg #90 is not medically necessary.

Trazadone HCL 50mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation shows that the injured worker is being treated for depression with another drug and there is no evidence of sleep disorder to establish the medical necessity for ongoing use of Trazodone. The request for Trazadone HCL 50mg #30 with 11 refills is not medically necessary.

Wellbutrin 150mg SR two q a.m.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. The injured worker is diagnosed with Carpal Tunnel Syndrome and depression, with persistent neuropathic wrist pain. Documentation reveals improvement in depression with Wellbutrin. The request for Wellbutrin 150mg SR two q a.m. is medically necessary.

Prilosec OTC 20mg #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec OTC 20mg #30 with 11 refills is not medically necessary.