

Case Number:	CM15-0067259		
Date Assigned:	04/14/2015	Date of Injury:	06/04/2014
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

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:

The injured worker is a 39 year old male, who sustained an industrial injury on June 4, 2014. He reported right elbow pain. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included x-rays, work modifications, electrodiagnostic studies, and medications including anti-epilepsy, chloride channel activator, and anti-epilepsy, muscle relaxant, non-steroidal anti-inflammatory. On March 2, 2015, the injured worker complains of continued right hand pain and numbness. The physical exam revealed crepitus of bilateral shoulders, bilateral upper and lower trapezius trigger points, bilateral semispinalis capitis trigger points, and decreased cervical lordosis. The range of motion of the elbows and wrists was decreased. There was decreased strength of the bilateral shoulders - greater on the right than the left, decreased strength of the right elbow, and decreased right grip. There were paraesthesias of the 1-5 digits bilaterally and normal reflexes of the upper extremities. The treatment plan includes electrodiagnostic studies of the right upper extremity. The treatment requested is repeat EMG (electromyography) 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:

Repeat EMG/NCS BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 582-585.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity pain and numbness. Prior testing has included electrodiagnostic studies in July 2014 showing a right dorsal ulnar cutaneous neuropathy. On 02/02/15 medications were Naprosyn and Lyrica. Amitiza and Lyrica were prescribed. On 03/02/15 docusate, and Lyrica were prescribed and Norco was started. When seen, there was a positive Tinel sign at the right elbow with ongoing numbness of the 4th and 5th digits. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has a history of right dorsal ulnar cutaneous neuropathy and positive Tinel sign at the elbow. A limited nerve conduction study of the ulnar nerve and dorsal ulnar cutaneous nerve would be indicated. The requested bilateral EMG/NCS testing is excessive and not medically necessary.

Amitiza 24mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for right upper extremity pain and numbness. Prior testing has included electrodiagnostic studies in July 2014 showing a right dorsal ulnar cutaneous neuropathy. On 02/02/15 medications were Naprosyn and Lyrica. Amitiza and Lyrica were prescribed. On 03/02/15 docusate, and Lyrica were prescribed and Norco was started. When seen, there was a positive Tinel sign at the right elbow with ongoing numbness of the 4th and 5th digits. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, there is no diagnosis of or complaint of constipation and when prescribed, the claimant was not taking an opioid. Therefore, Amitiza was not medically necessary.

