MAXIMUS Federal Services

Case Number:	CM15-0072387		
Date Assigned:	04/22/2015	Date of Injury:	04/16/2013
Decision Date:	06/24/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: Pennsylvania
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 38 year old male who sustained an industrial injury on 4/16/13 due to continuous repetitive work duties. The injured worker has complaints of headaches, bilateral shoulder, elbow, wrist and hand pain, and anxiety. The diagnoses have included neuralgia, cervical radiculopathy, bilateral carpal tunnel syndrome, left ulnar injury, and anxiety. Treatment has included physical and manipulative therapy, shockwave therapy, acupuncture, injections, and medications. Evaluation has included X-rays of the cervical spine, left elbow and bilateral wrists. Reports submitted included reports of shock wave therapy and a visit with the primary treating provider on 1/15/15. Examination on 1/15/15 showed tenderness and spasm over the paracervical and trapezii region bilaterally, positive Spurling maneuver, positive cervical distraction test, no tenderness on palpation of the bilateral elbows, Tinel's sign negative at the elbow, tenderness over the dorsal and palmar aspects of bilateral wrists and over bilateral ulnocarpal joints, and positive Tinel's and Phalen's sign at the wrists. Work status in January 2015 was modified duty work with restrictions. The request was for physical therapy for the left elbow, bilateral wrists and modalities: hot packs, myofascial manipulation, ultrasound, electrical muscle stimulation, ortho-bed, exercise, and diathermy, twice weekly for eight weeks, menthoderm, norflex, anaprox, Prilosec, wrist splint, electromyography/nerve conduction velocity of the upper extremities and small pain fiber nerve conduction study, upper extremity and cubital tunnel. On 3/16/15 Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow, bilateral wrists and modalities: hot packs, myofascial manipulation, ultrasound, EMS, ortho-bed, exercise, and diathemy, twice weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 63, 68, 98 - 99, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand and Elbow Chapters.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The ACOEM states that physical modalities such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcuteaneous electrical neurostimulation units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, and forearm symptoms. In this case, the injured worker has chronic upper extremity pain. The documentation submitted refers to prior physical therapy, but the dates, number of sessions, and outcome of treatment were not provided. There was no documentation of functional improvement as a result of prior physical therapy. The current request for 16 sessions exceeds the maximum number recommended in the guidelines. In addition, the current prescription includes a request for diathermy, which is not recommended by the guidelines. As such, the request for physical therapy for the left elbow, bilateral wrists and modalities: hot packs, myofascial manipulation, ultrasound, EMS, ortho-bed, exercise, and diathemy, twice weekly for eight weeks is not medically necessary.

Menthoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain salicylate topical analgesics Page(s): 60, 104, 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Menthoderm contains methyl salicylate and menthol. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. As menthol is not recommended by the guidelines, the compound is not recommended. The site of application and directions for use of this compound were not specified. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As such, the request for menthoderm is not medically necessary.

Norflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This injured worker has chronic shoulder, elbow, wrist, and hand pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Orphenadrine (Norflex) is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood elevating effects. The requested prescription is for an unstated dose and quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of recommendation by the guidelines for the use of a sedating muscle relaxant (such as norflex) for chronic pain, and unspecified quantity requested, the request for norflex is not medically necessary.

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic shoulder, elbow, wrist, and hand pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. There was no documentation of trial of acetaminophen for this injured worker. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The requested prescription is for an unstated dose and quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of recommendation by the guidelines for use of NSAIDs for chronic pain and lack of documentation of an acute flare-up of chronic pain for this injured worker, lack of documentation of trial of acetaminophen, and unspecified quantity requested, the request for anaprox is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed anaprox, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were documented to be present for this injured worker. The associated NSAID, anaprox, has been determined to be not medically necessary. No GI signs or symptoms were noted. The requested prescription is for an unstated dose and quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, and unstated quantity requested, the request for prilosec is not medically necessary.

Wrist splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel chapter: brace, splinting.

Decision rationale: This injured worker has a diagnosis of carpal tunnel syndrome, and physical examination findings are consistent with this diagnosis. The ACOEM states that when treating with a splint in carpal tunnel syndrome (CTS), evidence supports the efficacy of neutral wrist splints. The ODG notes that splinting of the wrist is recommended in neutral position at night and as needed in daytime as an option for conservative treatment for carpal tunnel syndrome. The Utilization Review (UR) determination refers to authorization of wrist braces in December 2013 and notes that it was unclear if such braces were insufficient to address the patient's needs. The documentation submitted does not indicate that wrist braces were provided or used by this injured worker. As the injured worker has documentation of carpal tunnel syndrome, and as the guidelines recommend use of a splint for carpal tunnel syndrome, the request for wrist splint is medically necessary.

NCV/EMG of the upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 168-171, 182, 260-262, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is 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 nerve conduction studies 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 ACOEM states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies and electromyography. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the injured worker has diagnoses of cervical radiculopathy and carpal tunnel syndrome, with examination findings consistent with these diagnoses. The UR determination refers to electrodiagnostic studies from 2013 and notes that there was no indication of a significant change in the patient's condition that would warrant additional testing; however, no results of any prior electrodiagnostic testing were submitted or discussed. As this injured worker has persistent symptoms and findings consistent with carpal tunnel syndrome, and as the guidelines recommend electrodiagnostic studies (including EMG and NCS) for carpal tunnel syndrome, the request for NCV/EMG of the upper extremities is medically necessary.

SPF (Small Pain Fiber) nerve conduction study, upper extremity and cubital tunnel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 168-171, 182, 260-262, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies and electromyography. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the injured worker has diagnoses of cervical radiculopathy and carpal tunnel syndrome, with examination findings consistent with these diagnoses. The UR determination refers to electrodiagnostic studies from 2013 and notes that there was no indication of a significant change in the patient's condition that would warrant additional testing; however, no results of any prior electrodiagnostic testing were submitted or discussed. As this injured worker has persistent symptoms and findings consistent with carpal tunnel syndrome, and as the guidelines recommend electrodiagnostic studies (including EMG and NCS) for carpal tunnel syndrome, the request for NCV/EMG of the upper extremities is medically necessary.