

Case Number:	CM15-0097595		
Date Assigned:	05/28/2015	Date of Injury:	05/19/2014
Decision Date:	09/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation

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 63 year old male who sustained an industrial injury on 05/19/2014. Current diagnoses include right elbow pain, status post right bicep tendon repair and myofascial pain syndrome. Previous treatments included medication management, right biceps tendon surgery on 06/20/2014, physical therapy, and home exercise program. Initial injuries included pain in the right biceps attachment area. Report dated 04/28/2015 noted that the injured worker presented with complaints that included continued right elbow pain with numbness surrounding the right elbow and extending into the right hand. Pain level was not included. Physical examination was positive for decreased range of motion of the right elbow, tenderness in the right wrist extensor muscles and right biceps muscle area, muscle spasms and trigger points in the right biceps muscle area, decreased sensation surrounding the anterior elbow, decreased right elbow strength, and positive Tinel's sign at the right ulnar groove. The treatment plan included request for EMG/NCS of the right upper extremity to rule out right cervical radiculopathy versus right carpal tunnel syndrome versus right ulnar neuropathy, acupuncture to avoid surgical intervention, continue self-directed home exercise program, second opinion with another orthopedic surgeon, Naproxen for inflammation, omeprazole for stomach prophylaxis, Fexmid for muscle spasms, Neurontin for paresthesias, urine toxicology screen to see what other medications the injured worker is taking, MRI of the right elbow to rule out internal derangement of the right elbow, and follow up in two weeks. The injured worker is working full time. Disputed treatments include MRI of the right elbow, EMG/NCS of the left upper extremity, urine drug screen, Naproxen, Fexmid, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for URINE DRUG SCREENING. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15, included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. MTUS p77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, a request for UDS is noted in progress report dated 04/28/15. The treater states that testing is "to see what other medications the patient is taking." The treater also states that the patient is taking only Motrin. In a subsequent report dated 05/13/15, the treater states that Naproxen, Omeprazole, Flexeril and Neurontin were started. There is no indication of opioids in either of the reports available for review. In an appeal, dated 05/21/15 (after the UR denial date), the treater states that the patient was taking narcotic medications in the past, and "since the patient has never had a urine toxicology screen, my performing his urine screen is completely consistent with ACOEM guidelines." The treater, however, does not provide an opioid risk assessment for the patient. Additionally, MTUS only supports UDS in patients who are currently on opioid medications. Hence, the request IS NOT medically necessary.

Acupuncture twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15, included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. For acupuncture, the MTUS Guidelines page 8 Acupuncture section recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. As per MTUS guidelines, pages 111-113, capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. In this case, a request for acupuncture is noted in progress report dated 04/28/15. The treater states that the purpose is "to avoid surgical intervention." The progress reports do not document prior acupuncture therapy. The patient may benefit from it at this stage. However, MTUS only allows for a trial of 3 to 6 sessions. Additional sessions require clear documentation of improvement in function and reduction in pain. Hence, the treater's request for 8 sessions IS NOT medically necessary.

MRI of the right elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute & chronic) chapter under MRIs.

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for MRI OF THE RIGHT ELBOW. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15,

included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. ODG guidelines, Elbow (acute & chronic) chapter under MRIs: Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. ODG recommends the imaging studies when there is "Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic." In this case, progress reports do not document prior MRI of the right elbow. In fact, as per progress report dated 04/28/15, a prior request for MRI was canceled as the patient had to undergo an urgent surgery. The treater is requesting for an MRI now to "rule out internal derangement of the right elbow." In an appeal, dated 05/21/15 (after the UR denial date), the treater states that the patient is one year post injury and continues to have significant pain in the right arm in spite of physical therapy. ODG supports the use of MRIs in patients with chronic elbow pain for accurate diagnoses. Hence, the request IS medically necessary.

EMG/NCV of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for EMG/NCV OF THE LEFT UPPER EXTREMITY. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15, included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between 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 EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, a request for EMG/NCV of the RIGHT upper extremity is noted in progress report dated 04/28/15. The treater states that the study will help "rule out cervical radiculopathy versus right carpal tunnel syndrome versus right ulnar neuropathy." As per the Utilization Review denial letter, the request was for EMG/NCV of the bilateral upper extremities. The UR denied the request due to lack of documentation regarding conservative care. In an appeal letter, dated 05/21/15 (after the UR denial date), the treater states that the patient has pain in the right arm that radiates along the extremity along with paraesthesias. The treater also states that "The differential diagnoses of the right upper extremity

numbness has to include but is not limited to polyperipheral neuropathy. In order to make this diagnosis the other limb must be tested." While the electrodiagnostic testing of the right upper extremity appears reasonable and is supported by the guidelines, there is no indication for testing the left upper extremity as the patient does not have any symptoms in that body part. Hence, the request for EMG/NCV of LEFT upper extremity IS NOT medically necessary.

Naproxen 550mg, PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for NAPROXEN 550mg, PO BID. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15, included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. It appears that Naproxen "for inflammation" was prescribed for the first time during the 04/28/15 visit. The patient has been taking Motrin until then. The treater does explain the reason for this switch. In an appeal letter, dated 05/21/15 (after the UR denial date), the treater states that "this medicine is needed to help with the inflammation [due to] his injury to the right arm." The treater, however, does not document the efficacy of Motrin, which was used until now, on the patient's pain and function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The 63 year old patient complains of pain, numbness and muscle spasms in the right elbow with some numbness extending to the right hand, as per progress report dated 04/28/15. The request is for FEXMID 7.5mg #90. The RFA for this case is dated 04/30/15, and the patient's date of injury is 05/19/14. The patient is status post right biceps tendon repair and status post hernia repair, as per progress report dated 04/28/15. Diagnoses included right elbow pin, r/o right ulnar neuropathy elbow vs. right cervical radiculopathy vs. right carpal tunnel syndrome, and myofascial pin syndrome. As per this report, the patient is only taking Motrin for pain relief. New medications, as per progress report dated 05/13/15, included Naproxen, Omeprazole, Flexeril and Neurontin. The patient is working full duty, as per progress report dated 04/28/15. MTUS pg 63-66 states: "Muscle relaxants section: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Fexmid is first noted in progress report dated 04/28/15. The treater states that the medication is being prescribed for "muscle spasms." In an appeal letter, dated 05/21/15 (after the UR denial date), the treater states that the patient is experiencing "acute muscle spasms in the right forearm muscles," and the medication is for managing them. While the use of Fexmid appears reasonable, MTUS recommends it only for a short period (no more than 2-3 weeks). Therefore, the request of # 90 IS NOT medically necessary.