

<b>Case Number:</b>	CM13-0036336		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/31/2003
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old male with a date of injury of October 31, 2003 and has related neck and shoulder pain. He was diagnosed with a cervical disc injury and brachial neuritis/radiculitis. He is status post (s/p) third cervical epidural injection; s/p carpal tunnel release surgery of the left wrist and hand with severe symptoms of carpal tunnel syndrome; s/p left shoulder arthroscopic surgery with rotator cuff instability, impingement syndrome with adhesive capsulitis; cervical disc herniation with radiculitis; cubital tunnel syndrome, left elbow, positive nerve conduction velocity (NCV) and electromyogram (EMG) performed on June 23, 2011; s/p trigger finger release, third and fourth fingers of the left hand; s/p right wrist bone graft from iliac crest. The patient has symptoms of anxiety and depression and symptoms of insomnia. He had a positive foraminal compression test and Spurling's with weakness of the biceps, triceps, and supraspinatus. EMG/NCV studies have been performed August 2005, June 2011, and January 2012, interpretation by orthopedic surgeon reveals there is progressive sensory neuropathy involving ulnar and radial sensory nerves bilaterally. He had very restricted movement of his neck with tightness and spasm. He has been treated with cervical epidural injection, surgery, and medications. The date of UR decision was September 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for an electromyogram (EMG) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 177; 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Per the California MTUS ACOEM guidelines with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Regarding shoulder complaints, EMG or NCV studies as part of a shoulder evaluation for usual diagnoses is not recommended. The injured worker has had electrodiagnostic testing August 2005, June 2011, and January 2012 which revealed progressive sensory neuropathy involving ulnar and radial sensory nerves bilaterally. It is unclear how further electrodiagnostic study would change his current diagnosis and direct his course of treatment because there has been no proposed new treatment in the documents available for my review. The request is not medically necessary.

**request for a nerve conduction study (NCS) of the bilateral upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 177; 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 213.

**Decision rationale:** Per the California MTUS ACOEM guidelines with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Regarding shoulder complaints, EMG or NCV studies as part of a shoulder evaluation for usual diagnoses is not recommended. The injured worker has had electrodiagnostic testing August 2005, June 2011, and January 2012 which revealed progressive sensory neuropathy involving ulnar and radial sensory nerves bilaterally. It is unclear how further electrodiagnostic study would change his current diagnosis and direct his course of treatment because there has been no proposed new treatment in the documents available for my review. The request is not medically necessary.

**request for Ambien 10mg, #90:** 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), Treatment Index, 11th Edition (web), 2013, Formulary

**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.

**Decision rationale:** The California MTUS guidelines are silent on the treatment of insomnia related to chronic pain. Per the Official Disability Guidelines, Ambien is approved for the short-

term (usually two to six weeks) treatment of insomnia. As this request is for a three (3) month supply, the request is not supported by the ODG. The request is not medically necessary.

**request for Norco 10/325mg, #120, dispensed on July 18, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 78, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 78, 91.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." There is not any documentation to support the medical necessity of Norco or any documentation addressing the four (4) domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern. The request is not medically necessary.