

Case Number:	CM13-0037871		
Date Assigned:	12/18/2013	Date of Injury:	05/30/1996
Decision Date:	03/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 50-year-old female who reported an injury on 05/30/1996. The mechanism of injury was not provided. The patient was noted to have back pain. The pain was noted to be going down the legs bilaterally, more so on the right than the left. The patient was noted to have numbness and tingling throughout the lower extremities. The physical examination revealed that the patient had paresthesias along the lateral aspect of the legs and medial aspect of the left calf and the deep tendon reflexes were noted to be mildly hyporeflexive at the patella and the ankle bilaterally. The motor strength was noted to be 4-/5 bilaterally with knee extension and flexion. The patient's ankle plantar flexion, dorsiflexion, inversion, eversion, extensor hallucis longus were noted to be 4-/5 on the left and 3+/5 to 4-/5 on the right. The patient's diagnoses were noted to be lumbosacral strain (acute), sciatica, and lumbosacral radiculitis. The patient is noted to have had a flare-up of pain. The medication was noted to reduce the patient's pain, increase the quality of life and increase the patient's function. The patient was noted to be performing a home exercise program, strengthening and trying to walk as much as possible. The request was made for medication refills and per the physician, an EMG/nerve conduction study to evaluate for possible sciatica versus lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM indicates that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The employee was noted to have hyporeflexic deep tendon reflexes at the patellae and ankles bilaterally. The employee was noted to have paresthesias along the lateral aspect of the legs and medial aspect of the left calf, and the employee was noted to have decreased motor strength in knee extension and flexion bilaterally as well as ankle testing bilaterally. The employee's pain was noted to be achy, stabbing, sharp, that was moderate to severe at times. The request as submitted was for a right EMG for possible sciatica versus lumbosacral radiculopathy; however, there was a lack of indication as to whether it is right upper extremity or right lower extremity. Given the above, the request for right EMG for possible sciatica versus lumbosacral radiculopathy, quantity 1 is not medically necessary.

Left EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM indicates that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The employee was noted to have hyporeflexic deep tendon reflexes at the patellae and ankles bilaterally. The employee was noted to have paresthesias along the lateral aspect of the legs and medial aspect of the left calf, and the employee was noted to have decreased motor strength in knee extension and flexion bilaterally as well as ankle testing bilaterally. The employee's pain was noted to be achy, stabbing, and sharp, that was moderate to severe at times. The request as submitted was for a left EMG for possible sciatica versus lumbosacral radiculopathy; however, there was a lack of indication as to whether it is left upper extremity or left lower extremity. Given the above, the request for left EMG for possible sciatica versus lumbosacral radiculopathy, quantity 1 is not medically necessary.

Right NCS: 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), web version, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The employee was noted to have hyporeflexic deep tendon reflexes at the patellae and ankles bilaterally. The employee was noted to have paresthesias along the lateral aspect of the legs and medial aspect of the left calf, and the employee was noted to have decreased motor strength in knee extension and flexion bilaterally as well as ankle testing bilaterally. The employee's pain was noted to be achy, stabbing, and sharp, that was moderate to severe at times. The request as submitted was for a right NCS for possible sciatica versus lumbosacral radiculopathy; however, there was a lack of indication as to whether it is right upper extremity or right lower extremity. Given the above, the request for right NCS for possible sciatica versus lumbosacral radiculopathy, quantity 1 is not medically necessary

Left NCS: 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), web version, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The employee was noted to have hyporeflexic deep tendon reflexes at the patellae and ankles bilaterally. The employee was noted to have paresthesias along the lateral aspect of the legs and medial aspect of the left calf, and the employee was noted to have decreased motor strength in knee extension and flexion bilaterally as well as ankle testing bilaterally. The employee's pain was noted to be achy, stabbing, and sharp, that was moderate to severe at times. The request as submitted was for a right NCS for possible sciatica versus lumbosacral radiculopathy; however, there was a lack of indication as to whether it is right upper extremity or right lower extremity. Given the above, the request for left NCS for possible sciatica versus lumbosacral radiculopathy, quantity 1 is not medically necessary

Norco 10/325 mg, QTY: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 78, 86.

Decision rationale: The MTUS Guidelines indicate that opiates are appropriate for chronic pain treatment. There should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects and aberrant drug taking behavior. Additionally, it recommends that dosing not exceed 120 mg or oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review indicated the employee was responding well to the Norco. Additionally, it was indicated that the medication helped the employee reduce pain and increase quality of life as well as increase function. However, there was a lack of documentation of an objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects and aberrant drug taking behavior. Additionally, the employee's daily morphine equivalent dose would be 160 mg which exceeds the recommended 120 mg. Given the above, the request for Norco 10/325 mg, quantity 150 is not medically necessary.

Fentanyl 50 mg, QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 78, 86.

Decision rationale: The MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The MTUS Guidelines indicate that dosing for opioids should not exceed 120 mg of oral morphine equivalents per day and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The cumulative dose would be 160 daily morphine equivalent dose which is greater than the 120 recommended dose. There was a lack of documentation indicating the 4 A's including an objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug taking behavior. Given the above, the request for fentanyl 50 mg, quantity 10 is not medically necessary.