

<b>Case Number:</b>	CM13-0042134		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a patient with a date of injury of 1/28/13. A utilization review determination dated 10/7/13 recommends non-certification of EMG/NCS of upper and lower extremities, Flexeril, and Terocin patches. 9/13/13 medical report identifies neck and low back pain with leg and arm symptoms. On exam, there is decreased spinal ROM as well as unspecified decreased sensation and strength in the left upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 EMG/NCS OF BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 8 and 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178 and 182.

**Decision rationale:** Regarding the request for EMG/NCS OF BILATERAL UPPER EXTREMITIES, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no physical examination findings identifying focal

neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS OF BILATERAL UPPER EXTREMITIES is not medically necessary.

**1 EMG/NCS OF BILATERAL LOWER EXTREMITIES: Upheld**

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

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

**Decision rationale:** Regarding the request for EMG/NCS OF BILATERAL LOWER EXTREMITIES, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Within the documentation available for review, there are no physical examination findings identifying focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS OF BILATERAL LOWER EXTREMITIES is not medically necessary.

**1 PRESCRIPTION OF FLEXERIL 7.5MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): s 63-66 and 127.

**Decision rationale:** Regarding the request for Flexeril, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of no sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**1 PRESCRIPTION OF TEROGIN (10 PATCHES) #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): s 112 and 127.

**Decision rationale:** Regarding request for Terocin patches, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above issues, the currently requested Terocin patches is not medically necessary.