

Case Number:	CM13-0043177		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2001
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 62-year-old male who reported injury on 06/30/2001. The injury was noted to have occurred from cumulative trauma. His diagnoses include joint pain of the hand and forearm and carpal tunnel syndrome. His medications are noted to include methadone 10 mg every 6 hours as needed and hydrocodone 10/325 mg at bedtime as needed. His recent office note dated 09/30/2013 indicates that his current medications are helpful for his pain. His physical exam findings included tenderness in the left wrist, decreased range of motion in the left wrist, and dysesthesia to light touch in the left C6 and C7 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Opioids, dosing Page(s): 78, 86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioids medications should include documentation regarding the patient's pain

relief, functional status, and the 4A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to address the 4A's for ongoing monitoring and there is insufficient documentation regarding the patient's pain relief on this medication. Additionally, the California MTUS Guidelines state that the dosing of opioids should not exceed 120 mg of oral morphine equivalents per day. The patient's total daily oral morphine equivalent was noted to be 250 mg which exceeds the guidelines limit of 120 mg oral morphine equivalents per day. For these reasons, the request is non-certified.

Methadone 10mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Opioids, dosing Page(s): 78, 86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioids medications should include documentation regarding the patient's pain relief, functional status, and the 4A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to address the 4A's for ongoing monitoring and there is insufficient documentation regarding the patient's pain relief on this medication. Additionally, the California MTUS Guidelines state that the dosing of opioids should not exceed 120 mg of oral morphine equivalents per day. The patient's daily oral morphine equivalent was noted to be 250 mg which exceeds the guidelines limit of 120 mg oral morphine equivalents per day. For these reasons, the request is non-certified.

Nerve Conduction Velocity Test (NCV)/Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS 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 & upper back, Electromyography (EMG), Nerve conduction studies (NCS).

Decision rationale: According to ACOEM Guidelines, electromyography and nerve conduction velocities may help identify subtle neurologic dysfunction in patients with neck or arm symptoms. More specifically, the Official Disability Guidelines state that electromyography may be recommended to help diagnose radiculopathy. The criteria for this testing includes that there should be documentation of neurogenic abnormalities in 2 or more muscles that share the same nerve root innervation but differ in their peripheral nerve supply. The guidelines also state that nerve conduction velocities are not recommended to demonstrate radiculopathy if

radiculopathy has already been clearly identified by EMG and obvious clinical signs. The clinical information submitted for review fails to provide evidence of clinical findings consistent with cervical radiculopathy. The patient's diagnoses indicate there is a left median neuropathy with left wrist and forearm symptoms. Additionally, there were no motor strength deficits noted in either upper extremity. Moreover, there were no positive objective findings related to the right upper extremity to warrant electrodiagnostic testing. For these reasons, the request is non-certified.