

<b>Case Number:</b>	CM13-0055503		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Occupational 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 applicant has filed a claim for chronic bilateral shoulder pain, bilateral upper extremity pain, and depression and anxiety reportedly associated with an industrial injury of February 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; prior right shoulder surgery in June 2012; a left shoulder corticosteroid injection in August 2013; MRI imaging of the left shoulder of August 12, 2013, notable for degenerative changes, prior Bankart irregularity, and labral tear; muscle relaxants; attorney representation; and work restrictions. It is not clear whether the applicant's limitations have been accommodated by the employer, however. In a utilization review report of November 19, 2013, the claims administrator approved a request for Norco while denying a request for Robaxin 500 mg #60, electromyography (EMG) testing of the bilateral upper extremities, and nerve conduction study (NCS) testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. A December 3, 2013 progress note is notable for comments that the applicant reports persistent complaints of shoulder pain and dislocation. The applicant reports excruciating migraine like headaches with periorbital pain. The applicant is on Norco and Robaxin for pain relief. A 5/5 shoulder strength is noted despite giveaway weakness. Cervical range of motion is within normal limits. The applicant is asked to pursue a functional restoration program and consider detoxifying off of Norco. An earlier note of November 8, 2013 is notable for comments that the applicant reports persistent shoulder pain. The applicant is having numbness and tingling about the fingertips. The applicant is not certain if this is related to a shoulder pain. It is stated that the applicant is on Norco and Flexeril at this point. The applicant has pain and stiffness about the shoulders. It is stated that electrodiagnostic testing of the upper extremities should be performed to rule out carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the bilateral upper extremities, QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that appropriate electrodiagnostic testing is helpful with trying and distinguishing between carpal tunnel syndrome and other suspected issues such as cervical radiculopathy; however, in this case, there is no clearly voiced suspension of cervical radiculopathy. The guidelines do not acknowledge that electromyography (EMG) testing may be helpful in more difficulty cases in which there are multiple suspected pathological processes, such as a double crush syndrome, in which both cervical radiculopathy and/or carpal tunnel syndrome is suspected. However, in this case, the attending provider seemingly stated that he only suspects carpal tunnel syndrome as the likely diagnosis here. Therefore, the request for EMG testing is not certified, on independent medical review.

**Nerve Conduction Study (NCS) of the bilateral upper extremities, QTY: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies "may be indicated." In this case, the applicant has had long standing complaints of numbness, tingling, and paresthesias about the upper extremities. Carpal tunnel syndrome is seemingly suspected. Appropriate electrical studies are therefore indicated, as suggested by the guidelines. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review

**Robaxin 500mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The Chronic Pain Guidelines indicate that muscle relaxants, such as Robaxin are recommended with caution as a second-line option for short-term treatment of exacerbations of individuals with chronic low back pain. In this case, however, the bulk of the applicant's symptoms and pathology seemingly pertain to the hands, shoulder, and upper

extremities. There is no mention of acute exacerbation of chronic low back pain for which ongoing usage of Robaxin would be indicated. It is further noted that the recent progress note, referenced above, suggested that the applicant is also concurrently using cyclobenzaprine or Flexeril, another muscle relaxant. The addition of a second muscle relaxant is not indicated here, particularly given the absence of low back pain or acute exacerbations thereof. Therefore, the request is not certified.