

Case Number:	CM14-0018851		
Date Assigned:	02/21/2014	Date of Injury:	03/22/2002
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 48-year-old female who has submitted a claim for cervical postlaminectomy syndrome, cervicalgia, and chronic pain syndrome associated with an industrial injury date of March 22, 2002. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain with radiation to the left upper extremity. Physical examination showed restricted cervical ROM due to pain, positive Spurling, and hypoesthesias along the left arm and down into the fourth and fifth digit of the left hand. MRI of the cervical spine from December 16, 2013 showed mild bilateral facet osteoarthropathy with left greater than right foraminal stenosis at C3-4. Treatment to date has included NSAIDs, opioids, topical analgesics, acupuncture, physical therapy, cervical facet medial branch injections, and surgery (10/18/11). Utilization review from January 30, 2014 modified the request for Norco 10/325MG, #180 to Norco 10/325MG, #120; and denied the request for EMG upper right extremity. Reasons for modification and denial were unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY: 120: Upheld

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

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 potential aberrant (or non-adherent) 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. In this case, patient was prescribed Norco since July 18, 2013. Recent progress notes reported absence of side effects from the current oral pain medications. However, there were no reports of objective functional gains from intake of this medication. In addition, the patient reported increasing pain despite intake of multiple oral pain medications. Furthermore, there were no urine drug screens documenting compliance included in the medical records. Therefore, the request for Norco 10/325MG, #120 is not medically necessary.

EMG UPPER RIGHT EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible left upper extremity radiculopathy. Physical examination showed positive Spurling and hypoesthesias along the left arm and down into the fourth and fifth digit of the left hand. However, the request is for EMG of the upper right extremity. Recent progress reports failed to document symptoms and signs of radiculopathy in the right upper extremity. In addition, the laterality of the positive Spurling from January 15, 2014 was not indicated. Performing an EMG to a seemingly unaffected right upper extremity is not medically necessary. Therefore, the request for EMG upper right extremity is not medically necessary.