

<b>Case Number:</b>	CM14-0121440		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 31 year-old male who was injured on 6/20/2006 after a power nail gun kicked back causing the nail to hit his jaw/chin and enter his cranium. He was later diagnosed with cervical/upper back strain/sprain with bilateral upper extremity radiculitis, headaches, anosmia, vestibular rehabilitation therapy, insomnia and fatigue, restless leg syndrome, and anxiety/depression. Treatment consisted of oral medications such as muscle relaxants, analgesics, and Pramipexole. An EMG/NCV test was performed on 3/3/2014 which revealed mild left median sensory neuropathy at the wrist, but was otherwise normal. On 2/21/14, the worker was diagnosed with restless leg syndrome and prescribed Pramipexole. After using this medication he reported (on 3/9/14) having had an episode of dizziness with loss of consciousness followed by drowsiness. The worker was seen by his neurologist on 7/16/14 complaining of frequent tongue and cheek biting, restlessness during the day, headaches, mood swings, sleepiness, fatigue, numbness and tingling of hands and arms (left greater than right), and neck pain. Physical examination revealed tenderness of hard palate in mouth, tenderness to TMJ bilaterally, and enlarged tongue. He was then recommended an increased dose of his Pramipexole, MRI of the brain, repeat polysomnogram, EMG/NCS of bilateral upper extremities, and Gabapentin (for headaches and seizure prophylaxis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines state that for neck and upper extremity symptoms, special studies are not needed in most cases, unless a three to four week period of conservative care and observation fails to improve symptoms or a red-flag condition is suspected. Specifically electromyography (EMG) and nerve conduction velocity (NCV) testing may be considered when neurologic examination is less clear, but again, only after the conservative treatment period and symptoms persist. In the case of this worker, the physical examination on the day of the request for EMG and NCS testing of the upper extremities was incompletely documented (no neurological examination), and there was no discussion by the neurologist of why the physical exam findings might have been unclear to warrant testing. Also, the worker had already completed these tests, which were normal, and there was no documented discussion by the requesting physician explaining the reasoning for the repeat testing, and there was no evidence of worsening upper extremity symptoms. Therefore the EMG and NCS testing of the upper extremities are not medically necessary.

**NCS Bilateral Upper Extremities:** 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), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines state that for neck and upper extremity symptoms, special studies are not needed in most cases, unless a three to four week period of conservative care and observation fails to improve symptoms or a red-flag condition is suspected. Specifically electromyography (EMG) and nerve conduction velocity (NCV) testing may be considered when neurologic examination is less clear, but again, only after the conservative treatment period and symptoms persist. In the case of this worker, the physical examination on the day of the request for EMG and NCS testing of the upper extremities was incompletely documented (no neurological examination), and there was no discussion by the neurologist of why the physical exam findings might have been unclear to warrant testing. Also, the worker had already completed these tests, which were normal, and there was no documented discussion by the requesting physician explaining the reasoning for the repeat testing, and there was no evidence of worsening upper extremity symptoms. Therefore the EMG and NCS testing of the upper extremities are not medically necessary.

**Pramipexole 125mg #60:** 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), Knee and Leg( Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Restless leg syndromeOther Medical Treatment Guideline or Medical Evidence: Medscape: pramipexole (<http://reference.medscape.com/drug/mirapex-mirapex-er-pramipexole-343048#4>).

**Decision rationale:** The MTUS Guidelines do not address restless leg syndrome, nor dopamine agonists such as Pramipexole. The ODG, however, states that Pramipexole is not considered first-line therapy for restless leg syndrome and should be reserved for patients who have been unresponsive to other treatments. Pramipexole brings with it side effects that are not desirable such as somnolence, dyskinesia, dizziness, insomnia, and many others. In the case of this worker, Pramipexole, even at low doses, seemed to be related to an episode of dizziness and unconsciousness. The worker is also already experiencing some of the symptoms of this side effect profile, which may add more risk and frustration on the part of the worker if continued, especially if the dose is increased. Therefore, the Pramipexole is not medically necessary.