

<b>Case Number:</b>	CM14-0134811		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 46-year-old male who reported an injury on 03/25/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of shoulder region disorders, forearm sprain/strain, shoulder tendonitis/bursitis, wrist tendonitis/bursitis, and hand sprain/strain. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include ibuprofen and Norflex. A urine drug screen was submitted on 03/25/2014 indicating that the injured worker was in compliance with his prescription medications. In 03/2014, the injured worker underwent left shoulder arthroscopic surgery. On 08/11/2014, the injured worker indicated significant improvement to the left shoulder. There were no physical findings submitted for review. The medical treatment plan is for the injured worker to undergo electro diagnostic studies of the upper bilateral extremities, to have access to the use of a TENS (Transcutaneous Electric Nerve Stimulation) unit, undergo a functional capacity evaluation, and continue medications. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodiagnostic studies of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 and Upper Back, EMG.

**Decision rationale:** The request for electro diagnostic studies of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM states that electromyography (EMG) and nerve conduction velocity (NCV), including H-reflex test, may help identify some subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies or EMGs, as there is minimal justification for performing these studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/NCV studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the submitted documentation. The included medical documents also lacked evidence of the injured worker's failure of conservative treatment. The physical examination dated 08/11/2014 revealed that the injured worker had no pain. It was noted that the injured worker had significant improvement to his shoulder due to surgery. Furthermore, the submitted documents lacked any evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. Additionally, the guidelines do not recommend EMG studies. As such, the request for electro diagnostic studies of the upper bilateral extremities is not medically necessary.

**TENS (Transcutaneous Electric Nerve Stimulation) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Criteria for the use of TENSs, Page(s): 116.

**Decision rationale:** The request for TENS unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive: the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The guidelines recommend an initial trial of 30-day rental over the purchase of a TENS unit. The submitted reports indicated that there were no significant deficits upon physical examination. The efficacy of the injured worker's previous course of conservative care was not provided. It was also unclear if the injured worker underwent an adequate TENS unit trial. Furthermore, the request as submitted did not indicate whether the injured worker needed the unit to rent or for purchase. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for a TENS (Transcutaneous Electric Nerve Stimulation) unit is not medically necessary.

**Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Fitness for Duty Chapter, FCE, page(s) 89-92.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate there is a functional assessment available and that is a functional capacity evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the work had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The functional capacity evaluation is not recommended as routine use. The documentation is unclear as to how the functional capacity evaluation will aid the provider in the injured worker's treatment plans and goals. There was a lack of findings upon physical examination demonstrating significant functional deficits. There was also a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress as well as the efficacy of prior treatments. Furthermore, there was a lack of documentation that the injured worker had failed an attempt to work to warrant an FCE at this time to determine restrictions. The provider's rationale for the request was not provided within the medical documents. Given the above, the injured worker is not within the recommended guidelines. As such, the request for a functional capacity evaluation is not medically necessary.

**Norco 2.5mg tablet #60: 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, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Given the above, the injured worker is not within the California MTUS Guidelines. The

submitted documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation also lacked evidence of the efficacy of the medication, a complete and accurate pain assessment. The submitted documentation did include a urinalysis that was obtained on 03/25/2014 showing that the injured worker was within the California MTUS Guidelines. However, the submitted report did not indicate whether the medication was helping with improved quality of life to the injured worker. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request for Norco 2.5 mg #60 is not medically necessary.

**Norflex 100mg tablet #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), (Orphenadrine), Page(s): 63-65.

**Decision rationale:** According to the California MTUS, Orphenadrine (Norflex) is a non-sedating recommended muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish overtime and prolonged use of the medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Given the above, the injured worker is not within the MTUS recommended guidelines. The request did not specify a duration or frequency of the medication. There was also no quantified information regarding pain relief. There was nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was a lack of assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain. In addition, there was no mention of a lack of side effects. Furthermore, the submitted report lacked pertinent information regarding when the medication was used and for how long. Given the above, the request for Norflex is not supported by the California MTUS recommended guidelines. As such, the request for Norflex 100 mg #60 is not medically necessary.