

<b>Case Number:</b>	CM14-0140019		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old with an injury date on 9/20/12. Patient complains of burning left shoulder pain and left upper extremity pain per 7/3/14 report. Patient also has persistent cervical pain and headaches, rated 6/10 per 7/3/14 report. Patient had left shoulder surgery on 4/14/14 and had initial improvement in range of motion and diminished pain from 12 physical therapy sessions per 7/3/14 report. Based on the 8/19/14 progress report provided by [REDACTED] the diagnoses are: Status post left arthroscopic subacromial decompression 4/14/14; rule out early sympathetically maintained pain syndrome. Exam on 8/19/14 showed "left shoulder tenderness to palpation. Range of motion improved. Conditioning remains deconditioned, in left deltoid musculature. Decreased spasms in left shoulder musculature." [REDACTED] is requesting 1 EMG/NCV of bilateral upper extremities, orphenadrine 100mg #60, and cyclobenzaprine 7.5mg #90. The utilization review determination being challenged is dated 8/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/6/14 to 8/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/NCV of Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and left arm pain and is status post left shoulder surgery from 4/14/14. The treating physician has asked for 1 EMG/NCV of bilateral upper extremities on 8/19/14. Review of the reports do not show any evidence of EMG/NCVs of bilateral upper extremities being done in the past. In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Patient presents with burning, radicular pain and peripheral neuropathy which require electrodiagnostic studies to differentiate. Recommendation is that the request is medically necessary.

**Orphenadrine 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and left arm pain. [Click here to enter text.](#) The treating physician has asked for orphenadrine 100mg #60 on 5/20/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient is suffering from chronic shoulder and neck pain but MTUS indicates muscle relaxants for back pain. The requested orphenadrine is not considered medically necessary at this time.

**Cyclobenzaprine 7.5mg #90:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** This patient presents with left shoulder pain, neck pain, and left arm pain. The treating physician has asked for cyclobenzaprine 7.5mg #90 on 8/19/14. Patient states that cyclobenzaprine decreases spasm in left shoulder for 4-6 hours, with improvement in range of motion and decreased in pain level 2-3 points. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations

in patients with chronic low back pain. In this case, the patient presents with chronic shoulder pain. Although the documentation states that patient's relief of shoulder spasms has been significant from prior use of cyclobenzparine, MTUS only indicates it for short term use for back pain. Recommendation is that the request is not medically necessary.