

<b>Case Number:</b>	CM14-0044413		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 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 36-year-old male who has submitted a claim for chronic myofascial pain syndrome, thoracolumbar spine associated with an industrial injury date of 07/12/2010. Medical records from 06/12/2013 to 03/17/2014 were reviewed and showed that patient complained of low back pain graded 6-8/10 radiating to the left leg and thigh. Physical examination of the lumbar spine revealed tenderness upon palpation over the sciatic notch and sciatic nerve. Decreased lumbar spine range of motion (ROM) was noted. Numerous taut bands and myofascial trigger points throughout the thoracic and lumbar paravertebral musculature. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left thigh and left calf areas. Left ankle jerk was absent otherwise normal 2+ deep tendon reflexes (DTRs). Straight leg raising (SLR) test was negative at 70 degrees on the right and negative at 80 degrees on the left. CT scan of the lumbar spine dated 03/17/2014 revealed status post fusion of L4-5 and L5-S1 and replacement material in the intervertebral disc spaces of L4-5 and L5-S1. X-ray of the lumbar spine dated 03/17/2014 revealed status post fixation at the levels of L4-5 and L5-S1 with preservation of bony alignment. Electromyography-nerve conduction study (EMG-NCS) study dated 03/11/2014 revealed mild left L5 radiculopathy, left S1 radiculopathy, and denervation in paraspinal muscles due to surgical trauma. Treatment to date has included lumbar fusion surgery (10/03/2012), physical therapy and pain medications. Utilization review dated 03/28/2014 denied the request for prescription of Norco, Flexeril, and electromyography/nerve conduction velocity (EMG/NCV) of bilateral lower extremities. However, the rationale of the decisions was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325 mg #120:** Upheld

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

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state, that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 2.5/325mg 1 tab every 6 hours (Q6) since 02/28/2014. There was no documentation of pain relief or functional improvement, which are required for continuation of opiates use. The medical necessity has not been established. Therefore, the request for Norco 2.5/325mg #120 is not medically necessary.

**Flexeril 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Flexeril 7.5mg, two times per day (BID), #60 since 02/28/2014. The long-term use of cyclobenzaprine is not in conjunction with guidelines recommendations. Therefore, the request for Flexeril 7.5mg is not medically necessary.

**Bilateral lower extremities (BLE) electromyography (EMG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies.

**Decision rationale:** Regarding EMG, CA MTUS ACOEM Treatment Guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, the patient already had previous EMG/NCV study of the lower extremities dated 03/11/2014 which showed mild left L5 radiculopathy left S1 radiculopathy, and denervation in paraspinal muscles due to surgical trauma. It is unclear as to why a repeat EMG/NCV of the lower extremities is needed. The medical necessity has not been established. Therefore, the request for bilateral lower extremities (BLE) electromyography (EMG) is not medically necessary.

**Bilateral lower extremities (BLE) nerve conduction velocity (NCV):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81 Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies.

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, Nerve Conduction Studies in Polyneuropathy, cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient has physical examination findings of the lower extremities that are not consistent with a focal neurologic deficit. Moreover, the patient already had previous EMG/NCV study of the lower extremities dated 03/11/2014 which showed mild left L5 radiculopathy left S1 radiculopathy, and denervation in paraspinal muscles due to surgical trauma. It is unclear as to why a repeat EMG/NCV of the lower extremities is needed. The medical necessity has not been established. Therefore, the request for bilateral lower extremities (BLE) nerve conduction velocity (NCV) is not medically necessary.