

<b>Case Number:</b>	CM14-0045656		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/21/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 48-year-old male who has submitted a claim for left shoulder pain, radiculopathy, low back pain, lumbar radiculopathy, mood disorder, and sacroiliitis associated with an industrial injury date of 02/21/2002. Medical records from 2012 to 2014 were reviewed. The patient complained of left shoulder pain associated with weakness and tingling sensation. The pain was rated 7/10 in severity, and relieved to 5/10 upon medication use. Physical examination of the left shoulder showed tenderness, restricted range of motion with positive Hawkin's test / Neer's test. Tinel's sign was negative. The left elbow was likewise tender. Motor strength of left upper extremity muscles was graded 5-/5. Sensation was intact, and gait was antalgic. Treatment to date has included left shoulder subacromial decompression, lumbar epidural steroid injection, and medications such as Norco, omeprazole, Trazodone, Voltaren gel, and Naproxen. Utilization review from 03/14/2014 denied the request for electromyography (EMG)/nerve conduction velocity (NCV) of bilateral upper extremities because the clinical history was not consistent with significant atrophy, neurological dysfunction, or progressive weakness. Norco 10/325mg #90 with 1 refill was denied because there was no evidence of overall functional improvement from its use. Omeprazole DR 40mg #30 with 1 refill was denied because the recommendation for the treatment of gastrointestinal distress was 20mg/day only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 electromyography study of bilateral upper extremities.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The rationale for this request is to rule out peripheral nerve entrapment vs focal neuropathy. EMG testing is a reasonable diagnostic option for the left upper extremity; however, the present request as submitted also included testing for the contralateral arm. Medical records submitted and reviewed failed to provide signs and symptoms concerning the right upper extremity. Therefore, the request is not medically necessary.

**1 nerve conduction velocity study of bilateral upper extremities.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies (NCS), or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. The rationale for this request is to rule out peripheral nerve entrapment vs focal neuropathy. NCV testing is a reasonable diagnostic option for the left upper extremity; however, the present request as submitted also included testing for the contralateral arm. Medical records submitted and reviewed failed to provide signs and symptoms concerning the right upper extremity. Therefore, the request is not medically necessary.

**Norco 10/325mg #90 with 1 refill:** Overturned

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning

and the occurrence of any potentially aberrant 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, the patient has been on opioids since 2012. He reported pain relief with improved functional activities associated with its use. Side effect noted was acid reflux, and was managed by Omeprazole. Guideline criteria for continuing opioid management have been met. Therefore, the request is medically necessary.

**Omeprazole DR 40mg #30 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, page 68 Page(s): 68.

**Decision rationale:** As stated in the MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for nonsteroidal anti-inflammatory drugs (NSAIDs) against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, or anticoagulant, or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on Omeprazole since February 2013 for acid reflux attributed to the intake of multiple oral medication. The patient noted symptom relief upon PPI use. Guideline criteria were met. Therefore, the request is medically necessary.