

<b>Case Number:</b>	CM14-0193377		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 North Carolina. 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 claimant is a female with a date of injury of 12/4/2012. The diagnoses include cervical, thoracic and lumbar strain, bilateral L5 lumbar radiculopathy, and probable bilateral carpal tunnel syndrome. Cervical and lumbar MRIs have been performed demonstrating disc herniation and spinal stenosis in both regions consistent with the claimant's neurologic symptoms. The current treatment includes Tylenol #3, Anaprox, Prilosec and TENS unit. There are plans for an epidural steroid injection. The requests are for Tylenol No 3 #120, Anaprox 550mg #60 and EMG/NCS of the upper extremities and EMG/NCS of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol NO 3 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-89.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain

and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tylenol #3. This request is not medically necessary.

**Anaprox 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-278, 299, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The California MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Anaprox 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Anaprox. Therefore, Anaprox 550 mg #60 is not medically necessary.

**EMG/NCS of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The California MTUS/ACOEM allows for the use of electromyography (EMG) and nerve conduction velocity (NCV) for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of upper extremity symptoms. The submitted records describe symptoms consistent with the MRI findings for which an epidural steroid injection is planned. There is no cited rationale that the requested EMG/NCS would provide additional information that would change the treatment plan. Therefore, EMG/NCS of the bilateral upper extremities is not medically necessary.

**EMG/NCS of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** The California MTUS/ACOEM allows for the use of electromyography (EMG) and nerve conduction velocity (NCV) for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. However, the submitted records describe symptoms consistent with the MRI findings for which an epidural steroid injection is planned. There is no cited rationale that the requested EMG/NCS would provide additional information that would change the treatment plan. Therefore, EMG/NCS of the lower extremities is not medically necessary.