

Case Number:	CM14-0200276		
Date Assigned:	12/10/2014	Date of Injury:	06/23/2012
Decision Date:	01/26/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on June 23, 2012. Subsequently, she developed chronic neck, back, elbow, and shoulder pain. According to the progress report dated October 13, 2014, the patient complained of cervical spine, shoulders, right elbow, right hand, and lumbosacral spine pain. The patient also complained of depression and anxiety. The patient has been attending his acupuncture treatment (12 sessions done), which did help and reported he has decreased pain. On examination of the right shoulder, the patient had tenderness over the rotator cuff muscles and trapezius muscles, with limitation of motion in flexion, extension, abduction, internal rotation, and external rotation. Range of motion was limited by pain. The patient had positive apprehension test and impingement sign on the right. On examination of the lumbosacral spine, the patient had tenderness in the paravertebral area with limitation of motion in flexion, extension, lateral flexion to the right, and lateral flexion to the left. The range of motion was limited by pain. The patient had a positive Kemp's test bilaterally. On October 28, 2014, the patient complained that all symptoms were now worse, with neck pain radiating to the right upper extremity, right shoulder pain radiating to the right elbow and index finger, and mid and low back pain radiating to the right lower extremity/gluteal muscle, described as moderate and constant. The patient was diagnosed with status post right lateral interphalangeal joint of right index finger, right shoulder labral tear with impingement syndrome, lumbosacral spine strain, and left shoulder strain secondary to right shoulder labral tear. The provider requested authorization for Norco, EMG/NCV of the right lower extremity, and EMG/NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least November 2013, without documentation of functional improvement or evidence of improvement of activity of daily living. In addition, the UDS tests dated June 11th and July 16th, 2014 tested negative for the use of opiates and positive for marijuana and marijuana metabolites. Therefore, the prescription of Norco 10/325 mg, #60 is not medically necessary.

EMG/NCV of the right lower extremity: Upheld

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

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

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, lasting more than three or four weeks>> (page 303). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is has a high technical ability to identify lower back disc bulging.(page 304). EMG is not recommended if the diagnosis of radiculopathy is obvious clinically. In this case, there is clinical

evidence of signs of lumbar radiculopathy, sensory or motor neuropathy. There is no signs of subtle neurologic dysfunction that may be identified by NCV/EMG. Based on the above, the EMG/NCV of right lower extremity is not medically necessary.

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The patient developed neck and upper extremity pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for EMG/NCV Right Upper Extremity is not medically necessary until more information is provided.