MAXIMUS Federal Services

Case Number:	CM14-0205336		
Date Assigned:	12/17/2014	Date of Injury:	02/19/1998
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 19, 1998.In a Utilization Review Report dated November 11, 2014, the claims administrator partially approved a request for Norco and denied a request for electrodiagnostic testing of the bilateral upper extremities outright. The claims administrator referenced an October 31, 2014 progress notes in its determination. The claims administrator noted that the applicant had a history of earlier total knee replacement surgery.The applicant's attorney subsequently appealed.In an October 29, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating into bilateral upper extremities. The applicant was using four to five Norco per day, it was acknowledged. The applicant reported difficulty performing activities of daily living such as lifting, walking, bending, sitting, and standing but stated that his pain scores were reduced from 8/10 without medications to 3-4/10 with medications. The applicant's medication list included Norco, Neurontin, Prevacid, Axert, and Flonase. Norco was refilled. The applicant had superimposed issues with minimal depression. The applicant reportedly exhibited a positive Spurling maneuver with 5/5 upper extremity strength and hyposensorium noted about the bilateral upper extremities. Cervical MRI imaging and electrodiagnostic testing of the bilateral upper extremities were concurrently sought. The note was very difficult to follow and mingled current complaints with historical complaints.On May 14, 2014, the applicant was not employed, it was acknowledged. The applicant was using six Norco a day.A TSH of August 26, 2014 was within normal limits at 1.14.In an associated progress note of August 26, 2014, the applicant was described as having ongoing complaints of neck pain with reportedly uncontrolled peripheral neuropathy. The attending provider suggested laboratory testing to search for rheumatoid arthritis versus other autoimmune issues. The applicant was reportedly using Neurontin for

alleged peripheral neuropathy, it was stated at this point in time. The applicant had a history of osteoarthritis about the bilateral knees status post total knee arthroplasties, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The request for electrodiagnostic testing of the bilateral upper extremities is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may be helpful in differentiating between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. Here, the requesting provider suggested that the applicant may have issues with cervical radiculopathy superimposed on issues with a generalized peripheral neuropathy. Obtaining appropriate electrodiagnostic testing, such as the EMG/NCV testing at issue, may be helpful in distinguishing between the possible diagnostic considerations here. Therefore, the request is medically necessary.

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged on several progress notes, referenced above. While the attending provider did report some reduction in pain scores achieved as a result of ongoing Norco usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's commentary to the fact that the applicant is having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, lifting, and/or mowing his own lawn owing to ongoing pain complaints. Therefore, the request was not medically necessary.