MAXIMUS Federal Services

Case Number:	CM15-0131670		
Date Assigned:	09/18/2015	Date of Injury:	04/13/2011
Decision Date:	10/20/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 55 year old male, who sustained an industrial injury on 4-13-2011. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain, multi-level disc protrusion, facet arthropathy, central foraminal stenosis, left leg radiculitis, status post L3-S1 revision decompression (1-13-2013), and left sacroiliac joint sprain. Several documents within the submitted medical records are difficult to decipher. According to the progress report dated 5-27-2015, the injured worker complains of continued low back pain with radiation into his bilateral lower extremities, associated with numbness and tingling. The pain is rated 5-10 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals decreased sensation L5-S1 and positive straight leg raise test bilaterally. The current medications are Norco, Zanaflex, and Trazodone. There is documentation of ongoing treatment with Norco since at least 2014. Treatment to date has included medication management, x-rays, aqua therapy, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (6-22-2015) had non-certified a request for Norco and EMG-NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for 6 months. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): EMGs (electromyography); ODG, Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam.In this case the claimant has clear radicular signs on exam and the claimant had undergone spinal decompression surgery in the past. The justification for addition diagnostics or any plan on change in intervention of surgery was not noted. The request for an EMG/NCV of the legs is not medically necessary.