

<b>Case Number:</b>	CM15-0133223		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 45 year old female, who sustained an industrial injury on 05/26/2009. She reported injury to her right elbow and left knee. Treatment to date has included bracing, physical therapy for the knee, medications, TENS (transcutaneous electrical nerve stimulation), left and right carpal tunnel release and physical therapy for the hand and wrist. According to the most recent progress report submitted by the treating physician dated 05/20/2015, the injured worker continued to experience pain in the wrist that was rated 7 on a scale of 0-10 with bilateral numbness radiating superior into the elbow. Numbness and tingling sensation radiated into the hands bilaterally. She occasionally dropped things when held with either hand. Current medications reduced symptoms to a level of 4 allowing to her be functional and able to accomplish her activities of daily living. Physical examination demonstrated positive Finkelstein test. Examination of the right wrist demonstrated excoriation of the skin although the scar was fully healed. The injured worker was somewhat restricted in flexion, extension as well as the ulnar and radiation deviation. Examination of the left wrist demonstrated slight tenderness and slight swelling. Flexion and extension was not done due to discomfort. Tinel sign was positive on the left. There was evidence of carpal tunnel syndrome. Assessment included left knee sprain, right lateral epicondylitis, right medial epicondylitis, right wrist sprain, left wrist sprain, right forearm extensors tendinitis, bilateral severe carpal tunnel, status post right wrist carpal tunnel release and status post left carpal tunnel release. The treatment plan included Tramadol 50 mg one by mouth twice a day #60 for inflammation and EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral upper extremities. Work status remained the same

since 12/17/2014 and included modified duties with the restrictions of no lifting greater than ten pounds, no repetitive gripping and grasping. Currently under review is the request for Tramadol 50 mg quantity 60 1 by mouth 2 times daily and EMG/ NCV of the bilateral upper extremities. According to an orthopedic progress report dated 12/11/2014, the injured worker was undergoing physical therapy following carpal tunnel release surgeries. The injured worker was advised that she really needed to get working and using her hand. She was advised that an EMG/NCV would likely not ever return back to normal but ultimately that the release was really all that was necessary. Records submitted for review show that the injured worker has been using Tramadol dating back to 12/17/2014. Neurontin was discontinued at that time due to complaints of nausea.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50 mg Qty 60, 1 by mouth 2 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 76, 82, 84, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for Chronic Pain. Long-term Users of Opioids Page(s): 78, 80, 88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Tramadol.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Per MTUS, opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (anti-depressants, anti-convulsants). Guidelines state that pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Official Disability Guidelines state Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/acetaminophen. As of November 2013, Tramadol had been designated a schedule IV controlled substance. In this case, the treating provider does not document the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Functioning was not measured using a numerical scale or validated instrument. Other than Neurontin being discontinued in December 2014 due to nausea, there was no discussion of trial and failure of other first-line therapy with antidepressants or another anticonvulsant

medication. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy... EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The records of injured worker mention numbness and tingling sensation radiated into the hands bilaterally. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. Records are not clear about the outcome of conservative measures. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG/NCV of Bilateral Upper Extremity is not medically necessary and appropriate.