

<b>Case Number:</b>	CM15-0143281		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California, Indiana, 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 40-year-old male, who sustained an industrial injury on 8-24-12. He reported left shoulder and low back pain. The injured worker was diagnosed as having enthesopathy, pain in the shoulder joint, sprains and strains of the shoulder and upper arm, and lumbago. Treatment to date has included physical therapy, TENS, acupuncture, chiropractic treatment, and medication. On 5-12-15 and 7-7-15, pain was rated as 8 of 10 without medication and 6 of 10 with medication. The injured worker had been taking Ultracet since at least 5-12-15. Currently, the injured worker complains of neck pain, left shoulder pain, low back pain, and bilateral lower extremity pain. The treating physician requested authorization for Ultracet 37.5mg #60, a MRI of the lumbar spine, and electromyography and nerve conduction velocity of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are enthesopathy NOS; pain in joint of shoulder; sprain and strain of shoulder and upper arm NOS; and lumbago. The date of injury is August 24, 2012. Request authorization is July 7, 2015. According to a progress note dated February 3, 2015, Norco was denied. The treating provider requested Ultracet in place of Norco. Subjectively, the injured worker complained of pain left shoulder 7/10. According to a July 7, 2015 progress note, subjectively the injured worker complained of neck and left shoulder pain that radiated to the neck. There was low back pain that radiated to the bilateral lower extremities. Pain scale is 6/10. There is no subjective improvement in symptoms with Ultracet. Objectively, the neurologic evaluation is normal. There is normal motor function and a sensory examination. There is no documentation demonstrating objective functional improvement with Ultracet 37.5 mg. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement and detailed pain assessments and risk assessments, Ultracet 37.5mg #60 is not medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit;

uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are enthesopathy NOS; pain in joint of shoulder; sprain and strain of shoulder and upper arm NOS; and lumbago. The date of injury is August 24, 2012. Request authorization is July 7, 2015. According to a progress note dated February 3, 2015, Norco was denied. The treating provider requested Ultracet in place of Norco. Subjectively, the injured worker complained of pain left shoulder 7/10. According to a July 7, 2015 progress note, subjectively the injured worker complained of neck and left shoulder pain that radiated to the neck. There was low back pain that radiated to the bilateral lower extremities. Pain scale is 6/10. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging. Moreover, the neurologic evaluation was entirely unremarkable. Consequently, absent clinical documentation with objective evidence of radiculopathy and unequivocal objective findings that identifies specific nerve compromise, MRI of the lumbar spine is not medically necessary.

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & thoracic Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are 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 may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are enthesopathy NOS; pain in joint of shoulder; sprain and strain of shoulder and upper arm NOS; and lumbago. The date of injury is August 24, 2012. Request authorization is July 7, 2015. According to a progress note dated February 3, 2015, Norco was denied. The treating provider requested Ultracet in place of Norco. Subjectively, the injured worker complained of pain left shoulder 7/10. According to a July 7, 2015 progress note, subjectively the injured worker complained of neck and left shoulder pain that radiated to the neck. There was low back pain that radiated to the bilateral lower extremities. Pain scale is 6/10. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging. Moreover, the neurologic evaluation was entirely unremarkable. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Consequently, absent clinical

documentation of objective evidence of radiculopathy, unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation and guideline non-recommendations (minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy), bilateral lower extremity EMG/NCV studies are not medically necessary.