

<b>Case Number:</b>	CM15-0189698		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 42 year old female, who sustained an industrial injury on 5-4-2010. The medical records indicate that the injured worker is undergoing treatment for carpal tunnel syndrome, status post bilateral carpal tunnel release with revision (6-20-2015), ulnar nerve lesion (negative EMG), lateral epicondylitis, status post left-sided Nirschl procedure, cervicobrachial syndrome, and tension headaches. According to the progress report dated 9-3-2015, the injured worker presented with complaints of neck pain with radiation of aching, burning, cramping, numbness, and tingling into the left arm. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are buprenorphine (since at least 7-6-2015) and Celexa. She notes that she is receiving somewhat of improved pain relief with the increased dose of buprenorphine. Previous diagnostic studies include x-rays and electrodiagnostic testing (2-28-2013). The treating physician describes the EMG as "there is electrodiagnostic evidence consistent with moderate abnormalities of the left median nerve at the wrist. Overall, there is significant interval improvement compared to the previous study dated 11-15-2011". Treatments to date include medication management, cognitive behavioral therapy, corticosteroid injection, and surgical intervention. Work status is not specified. The original Utilization Review (9-23-2015) partially approved a request for NCS of the bilateral upper extremities (original request was for EMG and NCS). The request for buprenorphine was non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the bilateral upper extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 6/25/2015.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic), Electromyography (EMG), ODG Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines Aetna, Nerve Conduction Studies [http://www.aetna.com/cpb/medical/data/500\\_599/0502.html](http://www.aetna.com/cpb/medical/data/500_599/0502.html).

**Decision rationale:** Per the cited CA MTUS, electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms, lasting more than three or four weeks. They further state that EMG may be recommended to clarify nerve root dysfunction preoperatively or before epidural injection; however, it is not recommended for nerve root diagnosis when history, exam, and imaging studies are consistent. They further state appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. NCV for medial or ulnar impingement at the wrist after failure of conservative management may be recommended, but routine use is not recommended in injured workers without symptoms. The ODG further clarifies by recommending EMG as an option for cervical radiculopathy in selected cases; however, NCS is not recommended to demonstrate cervical radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. Aetna guidelines add that NCS are recommended for localization of focal neuropathies or compressive lesions (e.g., carpal tunnel syndrome, tarsal tunnel syndrome, nerve root compression, neuritis, motor neuropathy, mononeuropathy, radiculopathy, plexopathy); and injured worker has had a needle (EMG) study to evaluate the condition either concurrently or within the past year. Looking over this injured worker's case, it is relatively complex with a long-term history of cervical radicular symptoms, CTS with release, and other surgeries. Overall, the injured worker's symptoms appear progressive, and although the previous BUE EMG/NCS from 2-28-2013 was consistent with left median nerve abnormalities, she since has had multiple surgeries. In review of the available medical records and cited guidelines, it would be reasonable to reassess the injured worker for focal neurologic dysfunction that is amenable to surgical intervention. Therefore, the request for repeat EMG/NCS of the bilateral upper extremities is medically necessary and appropriate.

**Buprenorphine 0.25mg #90: Overturned**

**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): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain.

**Decision rationale:** According to the cited CA MTUS, buprenorphine, is recommended for treatment of opiate addiction, and may also be an option in those injured workers with chronic pain. The cited ODG further states that buprenorphine may be used for chronic pain in workers that have centrally medicated pain or neuropathic pain. According to the treating provider's note from 9-3-2015, the injured worker has had continued radiating neck pain into her left upper extremity, which has been improved (pain, but not the radicular symptoms) with buprenorphine. She also has subjective functional improvement, but pain scores (VAS) were not documented. She has an opioid pain contract, appropriate urine drug screen from 8-3-2015, current DEA CURES report 8-3-2015, and no signs of abuse or aberrant behavior. Per available medical reports, the injured worker appears to have had improvement while on buprenorphine, but further documentation of pain scores with and without medication, routine follow up, and weaning per guidelines is recommended for future clarity. Based on the guidelines and available medical documentation, buprenorphine 0.25mg #90 is medically necessary and appropriate at this time.