

<b>Case Number:</b>	CM15-0197578		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 48 year old male who sustained an industrial injury on 1-9-2012. A review of medical records indicates the injured worker is being treated for carpal tunnel syndrome bilateral, ganglion cyst-left wrist, radial tunnel syndrome bilateral, myalgia, numbness, and chronic pain. Medical records dated 9-18-2015 noted bilateral upper extremity pain. He continues to have worsening pain with prolonged and repetitive use of the arms. He rates his pain a 5 out of 10 without medications and a 2 out of 10 with medications. Pain is made better with medications, lying down, and sitting. Pain is worse with standing and lifting. Pain is slightly better from the prior visit. Physical examination noted mild swelling to the left elbow; strength was 5 out of 5 to bilateral upper extremities. Sensation was intact and equal. There was moderate tenderness to palpation at bilateral medial epicondyles left greater than right. There was full active range of motion at elbows and bilateral wrists. EMG-NCV dated 2-1-2012 revealed reduced amplitude with prolonged distal onset latency and mild to moderate left median neuropathy at the wrist with no evidence of carpal tunnel syndrome. Treatment has included Norco, Naproxen, Neurontin, Tramadol, and Soma (Soma since at least 3-24-2015). Utilization review form dated 9-30-2015 modified Soma 350mg #49 and noncertified EMG of the bilateral upper extremities.

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

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

**EMG BUE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**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. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. In this case, the claimant had radial impingement findings. There was no indication of central neural pathology. It is not recommended for routine evaluation of nerve entrapment without symptoms. The EMG/NCV is not medically necessary.

**Soma 350 MG Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) for several months, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.