

Case Number:	CM15-0205723		
Date Assigned:	10/22/2015	Date of Injury:	11/10/2009
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74 year old male, who sustained an industrial injury on 11-10-2009. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, history of myelopathy, status post cervical fusion at C4-C5, discogenic lumbar condition with facet inflammation and radiculopathy, with bilateral foot drop noted, mid back sprain, and weight gain and sleep disorder secondary to inactivity. Treatments to date has included PT, pool therapy, cervical fusion at C4-5, three lumbar epidural injections prior to 2009 and one in 2013 and medications. The MRI of the cervical spine showed C4-C5 fusion, severe foramina stenosis, degenerative disc disease and myelomalacia. The MRI of the lumbar spine showed multilevel degenerative disc disease, foramina stenosis and anetrolisthesis. Currently (9-23-2015), the injured worker complains of severe neuropathy secondary to stenosis and myelopathy. His social history noted that he occasionally drinks few drinks a week. He was retired. The treating physician documented that he was approved for Celebrex and Ultracet (since at least 8-12-2015) and was also taking Lyrica for nerve pain, in addition to Norco (since at least 5-13-2015) for pain. Objective findings on 9-23-2015 noted exquisite tenderness along the cervical and lumbar paraspinal muscles, foot drop on the right side, and the use of a front-wheeled walker. There was unstable gait and hyperreflexia. The details of the motor and sensory exams were not documented on 9-23-2015, 8-12-2015, 6-24-2015, and 5-13-2015. He was currently dispensed Celebrex and Ultracet for pain and prescribed Norco and Lyrica. Urine toxicology report (6-2015) was of poor image quality and difficult to decipher. The treating physician documented that urine screen obtained in May and June confirmed the presence of Norco. Electromyogram

and nerve conduction studies were requested, noting significant nerve root impingement, cervical stenosis as well as bilateral foraminal narrowing from disc bulging at C3-C4 and C5-C6 as well as C7-T1 and also spondylolisthesis with severe foraminal narrowing at L4-L5, per magnetic resonance imaging of the cervical and lumbar spines dated 9-14-2015. On 10-02-2015 Utilization Review non-certified a request for electromyogram and nerve conduction studies of the bilateral upper and lower extremities, Norco 10-325mg #120 (prescribed 9-23-2015), and Ultracet 37.5-325mg #60 (prescribed 9-23-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of BUE: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back EMG/NCV.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of neurological deficits when standard radiological tests and physical examinations are inconclusive. The records indicate that the MRI findings can be contributory to neurological deficits related to the cervical spine conditions. The subjective and objective findings of foot drop, unstable gait and motor weakness requiring the use of a walker is indicative of significant neurological disorders that could be fully evaluated with the utilization of EMG/NCV studies. The criteria for the EMG/NCV studies of the bilateral Upper extremities was met. The request is medically necessary.

EMG/NCV of The BLE: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lower Back EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for the evaluation of neurological deficits when standard radiological tests and physical examinations are inconclusive. The records indicate that the MRI findings can be contributory to neurological deficits related to the lumbar spine conditions. The subjective and objective findings of foot drop, unstable gait and motor weakness requiring use of a walker is indicative of significant neurological disorders that could be fully evaluated with the utilization of EMG/NCV studies. The criteria for the EMG/NCV studies of the bilateral Lower extremities was met. The request is medically necessary.

Norco 10/325 MG #120 as Prescribed on 9/23/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard NSAIDs, non opioid co-analgesics, exercise and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant medications. The records indicate that the patient is utilizing multiple short acting opioids medications concurrently. The records did not show significant functional restoration with utilization of the opioid medications. There is no documentation of failure of treatment with NSAIDs and non opioid co-analgesic medications. The criteria for the use of Norco 10/325mg #120 as prescribed on 9/23/2015 was not met. The request is not medically necessary.

Ultracet 37.5/325 MG #60 as Prescribed on 9/23/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard NSAIDs, non opioid co-analgesics, exercise and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant medications. The records indicate that the patient is utilizing multiple short acting opioids medications concurrently. The records did not show significant functional restoration with utilization of the multiple opioid medications therefore utilization of multiple opioids is not indicated. There is no documentation of failure of treatment with NSAIDs and non opioid co-analgesic medications. The criteria for the use of Ultracet 37.5/325mg #60 as prescribed on 9/23/2015 was met. The request is medically necessary.

