

Case Number:	CM15-0025148		
Date Assigned:	02/17/2015	Date of Injury:	06/27/2010
Decision Date:	04/15/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 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 45 year old male, who sustained an industrial injury on 6/27/10. He has reported right knee injury. The diagnoses have included left knee contusion, lumbosacral compensable consequence secondary to limp, right fibular head avulsion fracture with LCL rupture, gastritis, sleep depression and antalgic gait. Treatment to date has included knee surgery times 3 including partial meniscectomy, stress management, physical therapy, acupuncture and medications. Currently, the injured worker complains of right knee pain and knee giving out. Physical exam noted bilateral lower extremities are neurologically intact. On 1/9/15 Utilization Review non-certified Narcosoft #60 with 1 refill, noting the lack of documentation of constipation and (EMG) Electromyogram and NCV of bilateral lower extremity, noting the limited documentation of any radicular pain. The MTUS, ACOEM Guidelines and ODG were cited. On 2/5/15, the injured worker submitted an application for IMR for review of Narcosoft #60 with 1 refill and (EMG) Electromyogram and NCV of bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: Narcosoft is a stool softener to help relieve constipation. According to the attached medical record the injured employee has been prescribed opioid medications for an extended period of time and there is no complaints of constipation with their usage. Considering this, this request for Narcosoft is medically necessary.

EMG-NCV bilateral lower extremity: Upheld

Claims Administrator 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, EMG's (electromyography), Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction studies.

Decision rationale: According to aforementioned citation, EMG/NCS is indicated for workup peripheral neurological complaints. However, the IW only notes sciatica and an MRI has already been ordered. The role of the EMG/NCS is to clarify if an MRI is needed, or if an MRI is non-revealing. The request is not medically necessary.