

<b>Case Number:</b>	CM15-0214611		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 38-year-old male, who sustained an industrial injury on 03-07-2012. A review of the medical records indicates that the worker is undergoing treatment for bilateral knee pain, low back pain, and L4-L5 foraminal annular tear on the right side with left foraminal mild disk protrusion at L4-L5. Treatment has included Norco, Percocet (since at least 04-27-2015), ibuprofen, gabapentin, amitriptyline, and physical therapy. Subjective complaints (07-29-2015) included knee and low back pain radiating to the right lower extremity. The physician noted that authorization letter for Percocet and then denial for Percocet was received and that the worker was resorting to taking a small amount of Norco, which decreased pain from an 8 out of 10 to a 4 out of 10. Subjective complaints (08-26-2015) included bilateral knee and low back pain radiating down the lower back. Medications were noted to allow the worker to work. Objective findings were documented as showing no significant change but no review of body systems was included. Subjective complaints (09-23-2015) included worsening low back pain radiating to the legs, right worse than left. Objective findings (09-23-2015) included mild distress, leaning to the left with right leg and extended, positive right straight leg raise in seated position for reproduction of paresthesias, numbness, tingling, and burning down the posterior thigh and posterior calf to the bottom of the right foot. The physician noted that EMG of the bilateral lower extremities was being requested for evaluation of radiculitis due to progressively worse radiating symptoms down the legs, right worse than left, that appeared to be in the S1 distribution. The physician noted that a consult was performed regarding the worker's medication and that the worker was approved for Percocet, but not Norco, and a prescription was given for Percocet. There was no documentation of pain ratings before and after the use of

Percocet, duration of pain relief was not noted, no average pain ratings were documented, and the least amount of pain was not documented. There was no documentation of significant pain relief or objective functional improvement with Percocet. A Utilization Review dated 10-06-2015, non-certified requests for EMG left lower extremity and Percocet 5-325 mg #60.

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

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

#### **EMG left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myeloCT and myelography. According to the ODG, EMGs (electromyography) may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Based on the most recent progress notes through 10-21-2015, there was insufficient documentation to support obtaining an EMG of the left lower extremity. Although the injured worker clearly has right sided radicular symptoms pending EMG, the left lower extremity radicular symptoms and physical exam findings documented were minimal, and did not list any neurologic deficits. Thus, the request for electromyography of left lower extremity is not medically necessary and appropriate based on the cited guidelines and recent reports.

#### **Percocet 5/325mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as Percocet, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the

4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with (3-4/10) and without (8/10) medication, no significant adverse effects, pain contract on file - 04-27-2015, CURES report 06-09-2015 consistent, negative urine drug screen, and subjective functional improvement. However, there is documentation that he had used non-prescribed Norco at one point due to continued denial of opioid medications. Overall, appropriate follow-up has been scheduled, and although the recent notes document the 4 A's, weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, after reviewing the available documentation, the request for Percocet 5/325mg #60 is medically necessary and appropriate.