

<b>Case Number:</b>	CM15-0220767		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 54 year old female, who sustained an industrial injury on 10-25-2013. The injured worker is being treated for tenosynovitis right wrist or hand, right DeQuervain's tenosynovitis, TFCC tear right wrist, depression major NOS, chronic pain syndrome, and PTSD. Treatment to date has included medications, diagnostics, and orthopedic evaluation. Per the Primary Treating Physician's Progress Report dated 10-20-2015, the injured worker presented for follow-up on multiple injuries as well as review of ortho C/S. She continues to report right wrist pain with any use of her right hand especially turning of the right wrist. She also reports continued numbness of the last 2 fingers of the right hand. No other new or changes in symptoms. Objective findings included wrist tender to palpation with very light touch and limited range of motion with supination and pronation with abnormal rotation right shoulder to assist with both movements. There is no swelling of the wrist. There is no documentation of improvement in symptoms, increase in activities of daily living, or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was "remain off work until 12-01-2015." Norco was refilled on 4-28-2015, 7-21-2015, 8-13-2015 8-20-2015, and 9-17-2015. The plan of care included prescriptions for Xanax, Norco, Armour thyroid pills and hydrochlorothiazide. Authorization was requested for hydrochlorothiazide 25mg #30, one follow-up in one month, EMG (electromyography)/NCS (nerve conduction studies) of the right upper extremity, and Norco 10-325mg #120. On 10-27-2015, Utilization Review non-certified the request for EMG/NCS of the right upper extremity and modified the request for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG/NCS of the Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic), Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary. 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. 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 the injured worker has had a needle (EMG) study to evaluate the condition either concurrently or within the past year. In the case of this injured worker, treating provider notes through 10-20-2015 do not document any neck pain with radiculopathy, nor demonstrated red-flag diagnoses, or progressive neurologic deficits. However, the injured worker has had continued paresthesias involving the right 4th and 5th digits; orthopedic provider notes from 9-23-2015 advised for EDS to evaluate for peripheral nerve compression. Therefore, the request for EMG/NCS of the right upper extremity is medically necessary and appropriate.

### **Norco 10/325mg #120: Upheld**

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

**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 Norco (hydrocodone), 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 recent records (through 10-20-2015) have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, objective functional improvement, performance of necessary activities of daily living, and other first-line pain medications. She did have CURES report on 2-6-2015 that showed compliance with opioids. In total, the records do not indicate that she has had sustained functional improvement and the documentation has not meet the cited guidelines. The injured worker should continue appropriate follow up and wean opioids as directed by guidelines and recent Utilization Reviews. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate for ongoing pain management.