

<b>Case Number:</b>	CM15-0081828		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 47 year old male, who sustained an industrial injury on September 25, 2013, incurring injuries to the right knee. He was diagnosed with a lateral and medial meniscus tear of the right knee. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of persistent numbness in his legs and feet. The treatment plan that was requested for authorization included Nerve Conduction Velocity and Electromyography of the bilateral lower extremities and a prescription for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) and electromyograph (EMG) of the bilateral lower extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, an EMG/NCV is recommended to clarify nerve root dysfunction. It is not recommended for clinically obvious radiculopathy. In this case, the claimant had paresthesias in the leg. Nerve root level compromise is unknown or undetermined. The request for an EMG/NCV is appropriate and medically necessary.

**Tramadol 50mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Norco for months. No one opioids is superior to another. There is no mention of opioid agreement for Tramadol use. Alternate medications such as Tylenol trial were no mentioned. The request for Tramadol is not indicated and not medically necessary.