

<b>Case Number:</b>	CM15-0089181		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 31-year-old female, with a reported date of injury of 05/12/2013. The diagnoses include lumbar spine degenerative disc disease, left shoulder tendonitis, and right knee lateral meniscus bucket handle tear. Treatments to date have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. The progress report dated 03/23/2015 indicates that the injured worker continued to have right knee pain, and lumbar spine pain. The low back pain was rated 9 out of 10. He stated that the medication was not helping the pain. The right knee pain was rated 9 out of 10 without medication and 6-7 out of 10 with medication. The pain decreased with medication, and the injured worker was more functional. The physical examination of the right knee showed pain with range of motion, tenderness to palpation at the joint line, normal motion, and right calf atrophy. An examination of the lumbar spine showed positive straight leg raise test, tenderness to palpation across the lumbar spine, decreased and painful range of motion with muscle spasms, and right calf atrophy and spasms. An examination of the left shoulder showed pain with range of motion, tenderness to palpation at the acromioclavicular joint, and positive impingement sign. The injured worker continued on temporary total disability. On 01/27/2015, the injured worker rated his low back pain 9 out of 10, his right knee pain 9 out of 10 without medication and 6-7 out of 10 with medication. The treating physician requested Norco 10/325mg #120 and an electromyography/nerve conduction study (EMG/NCS) of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 05/12/2013. The diagnoses include lumbar spine degenerative disc disease, left shoulder tendonitis, and right knee lateral meniscus bucket handle tear. Treatments to date have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker's use of this medication predates 10/2014, but with no overall improvement. The injured worker is not properly monitored for activities of daily living, pain control, aberrant behavior and adverse effects. Therefore the request is not medically necessary.

**Electromyogram (EMG)/Nerve conduction study (NCS), right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The injured worker sustained a work related injury on 05/12/2013. The diagnoses include lumbar spine degenerative disc disease, left shoulder tendonitis, and right knee lateral meniscus bucket handle tear. Treatments to date have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. The medical records provided for review do not indicate a medical necessity for Electromyogram (EMG)/Nerve conduction study (NCS), right lower extremity. The review of the medical records indicates the injured worker has low back pain, besides the pain from the knee injury. There was no mention of whether the back pain is radicular or not, neither was there a documentation of the angle at which the straight leg raise was positive; although the records indicate there was atrophy of the right calf. The medical records also stated the MRIs would be update, but there was no information provided regarding the findings in Lumbar MRI, (if this is included in the

MRIs that would be updated). The MTUS recommends nerve studies (Electromyogram (EMG)/Nerve conduction study (NCS) as part of the physiologic tests and are to be if there is doubt about the possibility of radiculopathy. Therefore, the presence of positive straight leg raise and calf atrophy, establish presence of radiculopathy (if the history include presence of radicular pain) and nerve studies would not be necessary. In conclusion, nerve studies are not medically necessary because the history and available medical records are insufficient to determine the medical necessity of nerve studies.