

<b>Case Number:</b>	CM14-0166837		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 11/18/08 and continues to be treated for neck and radiating arm pain with a diagnosis of cervical radiculopathy. He was seen by the requesting provider on 08/28/14. He was continuing to work. Nucynta had not provided pain relief. The assessment references having developed resistance to Tylenol with codeine, Vicodin, and Norco. He was having increasing radiating upper extremity numbness and tingling into the forearm, wrist, and hand towards the index, long, and ring fingers. Physical examination findings included decreased cervical spine range of motion with decreased reflexes. Authorization for EMG/NCS testing and for a trial of Percocet was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV (L) upper extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), Electromyography (EMG) (2) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** The claimant is nearly 6 years status post work-related injury and continues to be treated for neck and radiating arm pain with a diagnosis of cervical radiculopathy. He continues to work. There is reference to resistance to Tylenol with codeine, Vicodin, and Norco. Nerve conduction studies are recommended to differentiate radiculopathy from other neuropathies or nonneuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the claimant already has a diagnosis of cervical radiculopathy and there is no evidence of peripheral nerve compression or history of metabolic pathology that would support the need for electrodiagnostic testing. Therefore the request is not medically necessary.

**Trial Percocet:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant is nearly 6 years status post work-related injury and continues to be treated for neck and radiating arm pain with a diagnosis of cervical radiculopathy. He continues to work. There is reference to resistance to Tylenol with codeine, Vicodin, and Norco. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management after he developed resistance to other short acting opioid containing medications. He continues to work. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the prescribing of Percocet is medically necessary.