

<b>Case Number:</b>	CM15-0178745		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/02/1993
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 2, 1993. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the left upper extremity and Norco. An August 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 4, 2015 office visit, the applicant was asked to undergo an orthopedic consultation for the right elbow, obtain electrodiagnostic testing of the bilateral upper extremities to evaluate possible cubital tunnel entrapment, obtain six sessions of cognitive behavioral therapy, obtain acupuncture, and continue Norco. The note was difficult to follow and had been blurred as a result of repetitive photocopying and faxing. 7/10 pain scores were reported. The applicant had retired from his former employment, it was stated. The applicant's medication list included Norco, Medrox, Naprosyn, Dendracin, Halcion, Neurontin, and Desyrel, it was reported. Norco and Naprosyn were seemingly renewed, without any seeming discussion of medication efficacy. The applicant had undergone earlier right elbow corticosteroid injection, it was reported. Earlier electrodiagnostic testing of October 2013 was notable for bilateral carpal tunnel syndrome, left-sided cubital tunnel syndrome, and left-sided cervical radiculopathy, it was reported. The attending provider stated that she would like to repeat electrodiagnostic testing to see if the applicant was progressively worsening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hydrocodone/APAP 5/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working, it was reported on August 4, 2015. While this may have represented a function of age-related retirement as opposed to a function of the applicant's chronic pain complaints, the August 4, 2015 progress note at issue was difficult to follow, and blurred as a result of repetitive photocopying, faxing, and seemingly failed to outline quantifiable decrements in pain and meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary on this date suggested that the applicant had seemingly failed conservative measures, including, by implication, medication management with Norco. Therefore, the request is not medically necessary.

### **EMG of the left upper extremity #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Similarly, the request for EMG testing of the left upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, here, however, the attending provider reported on August 4, 2015 that earlier electrodiagnostic testing of October 2013 was positive for bilateral carpal tunnel syndrome, left-sided cubital tunnel syndrome, and left-sided cervical radiculopathy. The prior positive electrodiagnostic testing, thus, effectively obviated the need for the EMG in question. Therefore, the request is not medically necessary.

### **NCS of the left upper extremity #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Similarly, the request for nerve conduction study (NCS) of the left upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, here, however, earlier electrodiagnostic testing of October 2013 was in fact positive for left-sided cubital tunnel syndrome, left-sided cervical radiculopathy, and bilateral carpal tunnel syndrome, the treating provider reported on an office visit of August 4, 2015. The prior positive electrodiagnostic testing, thus, effectively obviated the need for the nerve conduction study (NCS) at issue. Therefore, the request is not medically necessary.