

<b>Case Number:</b>	CM15-0094772		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 29-year-old male with an industrial injury dated 9/08/2012. The injured worker's diagnoses include rule out traumatic brain injury and rule out myelopathy positive ihermittes with increase jaw jerking. Treatment consisted of Magnetic Resonance Imaging (MRI) of the brain dated 3/16/2015 and periodic follow up visits. In a progress note dated 4/08/2015, the injured worker reported episodes of shaking associated with increased agitation, headaches, dizziness, nausea, shortness of breath, depression, bilateral ringing on ears, disequilibrium, double vision anger and left upper extremity tingling. Objective findings revealed malpatti, urinary incontinence 1-2 episodes every other day, positive ihermittes and increase jaw jerking. The treating physician prescribed Fiorcet #40, Polysomnogram and Electromyography (EMG)/Nerve conduction velocity (NCV) of the bilateral upper extremities now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates Page(s): 23.

**Decision rationale:** Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate response to medication for treating pain. According to the guidelines, barbiturates containing compounds are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The claimant had been on Fioricet for an unknown length of time. Continued and long-term use is not justified and medically necessary.

**Polysomnogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain guidelines and Sleep study and pg 114.

**Decision rationale:** According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for a sleep study include: 1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. The dyspnea on exertion may be due to obesity rather than apnea. The request for a sleep study is not medically necessary.

**EMG/NCS of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG- neck pain and pg 38.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if

radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the physical exam did not indicate any upper extremity weakness or neuropathy to justify an EMG.NCV. There was no mention of cervical disease. The request was not justified and not medically necessary.