

Case Number:	CM13-0060959		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	05/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year-old male who has a date of work injury 4/7/11. The mechanism of injury occurred when according to a witness at a rock crushing plant; a 10-pound rock fell from about 16 feet from above and struck him on his head. He had loss of consciousness. His diagnoses include injury to the head; post-concussion syndrome, sprain of the neck; neuralgia and radiculitis. There are requests for EMG/ NCV of the bilateral lower extremities, Vicoprofen, Esomeprazole, and Butrans patch. The patient had medial branch blocks at the bilateral L3, L4, and L5 levels in February 2013. However, his symptoms began returning and he developed numbness and tingling along the right anterior thigh, after which the provider requested neurodiagnostic studies to investigate these new symptoms. The patient had electrodiagnostic testing of the bilateral lower extremities on 8/2/13 which revealed a chronic right L4 radiculopathy. The patient had electrodiagnostic testing of the bilateral lower extremities on 7/2/13 which revealed a normal EMG without any electrophysiological evidence of radiculopathy. The thigh numbness was felt to be secondary to meralgia paresthetica. There is an 11/7/13 primary treating physician report where the patient reports he has trouble sleeping, and that his back has not been good. He reports difficulty picking up his foot and frequent falls. The physical exam reveals mild photophobia. Neck reveals bilateral moderate paraspinal spasm. Cranial nerves 2 through 12 intact. There is right shoulder atrophy noted, + AC joint tenderness noted, crepitus with range of motion. Range of motion is decreased. The cervical spine reveals severe tenderness at all levels, trapezius, occiput, paraspinal muscles, with decreased range of motion. On Neuro testing the, Romberg positive, Drop Arm test negative, peripatellar DTR's are 1-/-1 on the right and 2+ on the L. There is significant weakness of the right ankle extensor mechanism as well as flexion/extension of the right knee. There is moderate foot drop on the

right. A 9/12/13 PR-2 report states that on physical exam reveals prepatellar DTR's are 1-/4 and 2+ on the L. There is significant weakness of the EHL, as well as flexion/extension of the right knee. There is moderate foot drop on the R. The 8/26/13 physical exam notes right foot-drop as well. Per documentation the patient underwent an MRI of the lumbar spine on 12/29/11 which shows L4-5 ventral and right foraminal annular fissures and is otherwise negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic, Electromyography (EMGs) and Nerve Conduction Studies (NCS).

Decision rationale: There is an 11/7/13 document in which the provider notes the patient's drop foot on the right foot and states that an MRI was not authorized and he would like an NCS/EMG because he is concerned about the patient's low back and radicular symptoms. From the documentation submitted the patient had a NCV/EMG on 8/2/13 which revealed a chronic right L4 radiculopathy. Furthermore the ODG states that EMGs are not necessary if radiculopathy is clinically obvious. There is a physical exam that reveals that the patient had foot drop ongoing since at least August 2013. The documentation submitted reveals no evidence that there are any left lower extremity symptoms that would warrant a nerve conduction study on this foot. Although it is true that foot drop can be caused by a multitude of etiologies such as distal polyneuropathy (which would likely be present in both feet), sciatic neuropathy, motor neuron disease, radiculopathy, peroneal nerve compression neuropathy, the history and physical are not suggestive of other etiologies and prior recent electrodiagnostic studies did not reveal a diffuse process. Given that the patient had 2 prior BLE NCS/EMG the most recent 3 months prior to the current request (and which revealed a chronic right radiculopathy and no other abnormalities of peripheral polyneuropathy etc.) a repeat NCS/EMG is not necessary because his presentation is obviously a radicular process. Additionally given patient's history of low back and radicular symptoms, findings of a chronic right L4 radiculopathy, and increasing foot drop which suggests L5 radiculopathy on the right there is no need to rule out other pathologies and an EMG/NCV of the bilateral lower extremities is not medically necessary.

60 VICOPROFEN 7.5/200MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen [®]), Generic Available), When To Discontinue Opioids And When T.

Decision rationale: The documentation indicates that the patient was recommended to wean this medication on prior review dated 1/13/13 due to recommendations of short term use and also no functional benefit. The patient continues to have no significant functional improvement or decrease in pain levels. Also the patient has exceeded the 10 day limit of recommended use; therefore the request for 60 Vicoprofen 7.5/200mg is not medically necessary.

30 ESOMEPRAZOLE 40MG WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Additionally the medication Vicoprofen which has an NSAID in it is recommended elsewhere in this review as non-certified. The request for 30 Esomeprazole 40mg with 1 refill is not medically necessary.

4 BUTRANS PATCHES 20MCG/HR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Additionally the medication Vicoprofen which has an NSAID in it is recommended elsewhere in this review as non-certified. The request for 30 Esomeprazole 40mg with 1 refill is not medically necessary.