

Case Number:	CM14-0016211		
Date Assigned:	04/14/2014	Date of Injury:	03/02/2009
Decision Date:	05/20/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupational Medicine, and is licensed to practice in California. 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 an employee of [REDACTED] and has submitted a claim for low back and bilateral ankle pain with an industrial injury date of March 2, 2009. Treatment to date has included lumbar spine epidural injection for lumbar radiculopathy, trigger point injections in the lumbar and thoracic spine, left ankle surgery, physical therapy, and medications including naproxen 550 mg twice daily (since July 2009), Prilosec 20mg daily (since May 2012), and Effexor XR 47.5 mg daily (since August 2013). Utilization review from February 4, 2014 modified the request for 1 EMG/NCS of the bilateral lower extremities to 1 EMG of the bilateral lower extremities between January 17, 2014 and April 4, 2014. The rationale for determination was not included in the records for review. The same utilization review modified the request for 1 prescription of Effexor XR 37.5mg #30 to 1 prescription of Effexor XR 37.5mg #7 between January 17, 2014 and April 4, 2014 and denied the requests for 1 prescription of Naproxen 375mg #60 between January 17, 2014 and April 4, 2014 and 1 prescription of Prilosec 20mg #30 between January 17, 2014 and April 4, 2014 because of lack of improvement with the use of the above medications. Medical records from 2009 through 2014 were reviewed, which showed that the patient complained of intermittent low back and bilateral ankle pain, rated 4-7/10. The patient was unable to tolerate work activities. There was no report of medication side effects and there was no evidence of developing medication dependency. On physical examination, gait was slowed and antalgic. He was unable to toe-walk and heel-walk. Lumbar spine examination showed decreased range of motion and paravertebral musculature hypertonicity, spasm, tenderness, tight muscle band and trigger point. There was also tenderness on the coccyx, posterior superior iliac spine, sacroiliac joint, and spinous process on L3-S1. Lumbar facet loading test was positive bilaterally while straight leg raising test was positive on the right. Examination of the hip showed signs of iliotibial tract contracture associated with trochanteric

bursitis or snapping hip syndrome. Examination of the left ankle showed tenderness over the talofibular ligament, limited range of motion, and muscle strength of 4/5. Right ankle examination was unremarkable. The latest medical note dated March 25, 2014 reported that the patient underwent EMG/NCS of the lower extremities (date unknown), but the results were not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) OF THE BILATERAL LOWER EXTREMITIES

(BLE): 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.

Decision rationale: According the Low Back Complaints Chapter of the ACOEM Practice Guidelines, electromyography (EMG) is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks but is not necessary if radiculopathy is already clinically obvious. In this case, the patient was documented to have clinical signs of radiculopathy as seen in the physical examination. The patient was also previously treated with lumbar epidural injection and the indication for which was lumbar radiculopathy. Furthermore, the patient already underwent prior EMG as reported in March 25, 2014 but the official result was not included in the documents submitted. There is no clear indication for a repeat electrodiagnostic studies. The request for an EMG of the BLE is not medically necessary or appropriate.

NCS (NERVE CONDUCTION STUDY) OF THE BILATERAL LOWER EXTREMITIES

(BLE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS)

Decision rationale: The CA MTUS does not address NCS specifically. The Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient was documented to have clinical signs of radiculopathy as seen in the physical examination. However, the patient already underwent prior NCS as reported in March 25, 2014 but the official result was not included in

the documents submitted. The patient was also previously treated with lumbar epidural injection and the indication for which was lumbar radiculopathy. There is no clear indication for a repeat NCS. The request for an NCS of the BLE is not medically necessary or appropriate.

EFFEXOR XR 37.5MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 15,105.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, SNRIs (serotonin and noradrenaline reuptake inhibitor) are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, there was no discussion regarding ineffectiveness or contraindication to tricyclics necessitating the use of this medication. Moreover, there was no documented evidence of treatment efficacy such as decrease in pain scores or functional improvement. The request for Effexor XR 37.5mg, thirty count, is not medically necessary or appropriate.

NAPROXEN 375MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 46.

Decision rationale: According the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti- inflammatory drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain but they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. In this case, the patient has been on Naproxen since July 2009 (almost five years to date) but objective evidence of functional improvement was not recorded. The request for Naproxen 375mg, sixty count, is not medically necessary or appropriate.

PRILOSEC 20MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 68.

Decision rationale: According the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) are supported in the treatment of patients with GI disorders or patients utilizing chronic NSAID therapy. In addition, the use of a PPI (proton pump inhibitor) should be at the lowest dose for the shortest possible amount of time. In this case, the patient has been on Prilosec since May 2012 (two years to date). Although the patient is to be on chronic NSAID therapy, there remains no report of gastrointestinal complaints. The request for Prilosec 20 mg, thirty count, is not medically necessary or appropriate.