Case Number:	CM14-0023155		
Date Assigned:	02/26/2014	**Date of Injury:**	11/14/2013
Decision Date:	06/27/2014	**UR Denial Date:**	01/28/2014
Priority:	Standard	**Application Received:**	02/24/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 a 26-year-old female with a date of injury of 11/14/2013. The listed diagnoses per [redacted] are: 1. Cervical spine strain. 2. Right shoulder impingement syndrome rule out rotator cuff tear. 3. Lumbar spine strain. 4. Right knee internal derangement. According to the 01/09/2014 progress report by [redacted], the patient presents with neck, low back, ribs, right lower extremity, hip, knee, ankle, foot, and right upper extremity, shoulder, wrist, and arm pain. Examination of the cervical spine revealed pain and numbness radiating down to her arms. There is paravertebral muscle tenderness and spasm present. Decreased range of motion is at all planes. There is positive Spurling's test on the right. Examination of the lumbar spine revealed pain that travels to the hips and down legs. There is decreased ROM and positive straight leg raise bilaterally. The treater recommends omeprazole DR 20 mg #30, orphenadrine ER 100 mg #60, EMG of the upper extremities, NCS of the upper extremities, EMG of lower extremities, and NCS of the lower extremities. Utilization Review denied the request on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG #30: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting Omeprazole DR 20 mg #30. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient was first prescribed Omeprazole concurrently with Naproxen on 11/14/2013. Review of subsequent progress reports does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. The list of medication does not show an NSAID and the treater does not mention why the patient is being prescribed Omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.

ORPHENADRINE ER 100MG #60: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexerilï¿½, Amrixï¿½, Fexmidï¿½, generic available): Page(s): 63-64.

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting a refill of Orphenadrine. This medication is a muscle relaxant, also called Norflex similar to Flexeril. MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, the requested Orphenadrine # 60 has been prescribed on a long-term basis. Recommendation is for denial.

EMG OF THE UPPER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting an EMG of the upper extremity to rule out radiculopathy versus entrapment neuropathy. Utilization review 01/28/2014 denied the request stating "it is unclear what the specific neurological findings may be to support the requested studies." ACOEM Guidelines page 260-262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient presents with continued numbness and radiating pain down the arms. Review of the reports do not show that this patient has had EMG. Given the patient's radicular symptoms, a set of EMG are reasonable. Recommendation is for approval.

NCS OF THE UPPER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting an NCS of the upper extremity to rule out radiculopathy versus entrapment neuropathy. Utilization review 01/28/2014 denied the request stating "it is unclear what the specific neurological findings may be to support the requested studies." ACOEM Guidelines page 260 states that electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, report from 01/09/2014 indicates the patient continues with neck pain that radiates down the arms with numbness and tingling. Review of reports indicates the patient has had this symptoms lasting quite some time and there is no evidence that there are prior studies. Recommendation is for approval.

EMG OF THE LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting EMG of the lower extremity to rule out radiculopathy versus entrapment neuropathy. Utilization review 01/28/2014 denied the request stating "it is unclear what the specific neurological findings may be to support the requested studies." ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy

is already clinically obvious." In this case, the patient has positive straight leg raise but no other findings of evidence of radiculopathy. ACOEM supports EMG studies for evaluation of low back pain. Recommendation is for authorization.

NCS OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right knee pain. The physician is requesting an NCS of the lower extremity to rule out radiculopathy versus entrapment neuropathy. Utilization review 01/28/2014 denied the request stating "it is unclear what the specific neurological findings may be to support the requested studies." The MTUS and ACOEM do not discuss NCS. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. It further states, "In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." EMG with H-reflex is indicated for low back pain but not NCV studies. Recommendation is for denial.