

Case Number:	CM15-0055663		
Date Assigned:	03/30/2015	Date of Injury:	01/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 46-year-old female, who sustained an industrial injury on 01/11/2014. She has reported subsequent low back pain and was diagnosed with rule out intradiscal injury of the lumbar spine and lumbar radiculopathy. Treatment to date has included oral and topical pain medication, chiropractic physiotherapy and acupuncture. In a progress note dated 12/23/2014, the injured worker complained of low back pain. Objective findings were notable for tenderness to palpation of the bilateral lumbar paraspinal muscles and lumbar midline and reduced range of motion. The physician noted that an EMG/NCS of the bilateral lower extremities was being requested to establish a diagnosis for the lower extremity complaints and to rule out causes of neurologic complaints other than radiculopathy. Requests for authorization of Nabumetone and Omeprazole were also made.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are rule out intradiscal injury lumbar spine; lumbar radiculopathy; and back pain. A progress note dated February 2, 2015 provides subjective complaints of stabbing pain in the low back 4/10 with it aching pain with numbness in the left side radiating to the ankle. There is also pain and numbness in the front of the left leg. Objectively, there are no sensory, motor or reflex abnormalities noted. The treating provider stated the injured worker did not receive prior electrodiagnostic studies. The documentation, according to an agreed upon medical examination (AME), states the injured worker had prior electrodiagnostic studies. The record indicates the prior date for electrodiagnostic studies with March 31, 2014. The results showed a normal nerve conduction study. EMG or abnormal with findings suggest that a bilateral chronic active L5 radiculopathy, left greater than right. There were no objective findings on the most recent progress note. There is no clinical indication or rationale for repeating EMG/NCV studies based on the clinical documentation in the medical record. Consequently, absent compelling clinical documentation with evidence of prior electrodiagnostic, studies performed March 31, 2014 with no new neurologic complaints or objective findings, bilateral lower extremity EMG/NCV studies are not medically necessary.

Nabumetone 750 mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nabumetone 750mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are rule out intradiscal injury lumbar spine; lumbar radiculopathy; and back pain. The documentation according to a February 2, 2015 progress note shows the provider prescribed

Advil and Motrin 800 mg with moderate pain relief. There is no clinical rationale for changing Motrin 800 mg to Nabumetone (Relafen). Relafen was prescribed December 23, 2014. There is no evidence of objective functional improvement documented in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for changing Motrin 800 mg (a nonselective non-steroidal anti-inflammatory drug that provided moderate pain relief) to Nabumetone 750mg, Nabumetone 750mg #60 is not medically necessary.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitor.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are rule out intradiscal injury lumbar spine; lumbar radiculopathy; and back pain. The documentation does not contain comorbid conditions, past medical history or risk factors for gastrointestinal events. Specifically, there is no documentation of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Additionally, there is no clinical indication or rationale for prescribing a proton pump inhibitor in the medical record. Consequently, absent compelling clinical documentation with comorbid conditions or risk factors for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.