

Case Number:	CM14-0115100		
Date Assigned:	08/13/2014	Date of Injury:	08/22/2013
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal 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 injured worker is a 54 year old female who reported an injury to her low back on 8/22/2013. No description of the initial injury was provided. A clinical note dated zero was not a clinical it was a utilization review dated 07/15/14 resulted in denials for electrodiagnostic studies of the lower extremities, MRI of the lumbar spine, use of Medrox pain relief ointment, and omeprazole as insufficient information was submitted supporting the use of these medications and need for the diagnostic studies. A clinical note dated 03/07/14 indicated the injured worker complaining of low back pain. The injured worker reported gradually progressive set of symptoms to include low back pain radiating to the lower extremities, headaches, and dizziness. The injured worker stated much of the complaints stemmed from stress related work requirements. A clinical note dated 02/18/14 indicated the injured worker undergoing electrodiagnostic studies revealing no indication of radiculopathy. Electrodiagnostic studies on 02/04/14 indicated the injured worker complaining of low back pain radiating into both feet. Numbness continued numbness and numbness continued in both feet with weakness identified in the left lower extremity. Electrodiagnostic studies revealed essentially no evidence of neuropathy or radiculopathy. A clinical note dated 06/16/14 indicated the injured worker continuing with low back complaints. The injured worker was utilizing Omeprazole and Naprosyn and Carisoprodol and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lower extremities: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for EMG/NCS of the lower extremities is not medically necessary. The injured worker recently underwent EMG/NCS of the lower extremities revealing essentially normal findings. The injured worker had complaints of sensory deficits in the lower extremities and weakness in the left lower extremity. No indication was identified indicating an advancement of symptoms since the previous studies. Therefore, repeat studies repeat electrodiagnostic are not indicated.

Medrox pain relief ointment, apply to affected area twice a day.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Omeprazole DR 20mg capsule, #30, take one daily.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The use of proton pump inhibitors is indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or

an anticoagulant; or high dose/multiple NSAID. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

MRI of the Lumbar Spine.: 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): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not indicated. The documentation is not medically necessary. The documentation indicates the injured worker complaining of low ongoing low back pain. MRI is indicated of the lumbar spine provided that the injured worker meets specific criteria, including completion of conservative treatment. No information was submitted regarding recent completion of any conservative treatment. No therapy notes were submitted for confirmation of recent completion of any conservative treatment. Therefore, this request is not indicated as medically necessary.

Internal Medicine Evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503

Decision rationale: The request for internal medicine evaluation is not medically necessary. Consultation would be indicated provided that the injured worker meets specific criteria, including the need for aid with prognosis or diagnosis. Clinical findings appear to be well established. Therefore, it is unclear for the need for consultation at this time. Given this, the request is not indicated as medically necessary.