

Case Number:	CM14-0161188		
Date Assigned:	10/06/2014	Date of Injury:	03/17/2011
Decision Date:	11/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 injured worker is a 38 year old male with a date of injury on 3/17/2011. He is diagnosed with (a) thoracic sprain, (b) lumbar sprain, (c) lumbar radiculitis, (d) history of gastritis, (e) lumbar disc protrusion, (f) gastric bleed, (g) right inguinal hernia, (h) left knee sprain, and (i) insomnia. He was seen for an evaluation on September 5, 2014. He reported that he continued to have radiation of pain going down to both legs and tingling sensation mostly from the mid to left side of the lower back. He also complained of aggravation of pain in the inguinal area on both sides and swelling of the testicles getting the pain radiating all the way down to the heel of the foot. An examination of the thoracic spine revealed severe tenderness over the thoracic paravertebrals. Range of motion was limited. An examination of the lumbar spine revealed severe tenderness over the lumbar paravertebrals. Slight antalgic gait was noted trying to favor the left leg. Range of motion was decreased. Straight leg raising test was positive at 25 degrees on the left side and 45 degrees on the right side from sitting position. An examination of the right inguinal hernia revealed slight protrusion on deep palpation. An examination of the left knee revealed tenderness over the medial joint of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, Low Back Chapter pg 303 and table 12-8; regarding Electromyography

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, EMGs (electromyography), Nerve conduction studies (NCS)

Decision rationale: The request for electromyography and nerve conduction study of the bilateral lower extremities is not medically necessary at this time. Guidelines stated that if radiculopathy is clinically obvious, the need for electromyography is not anymore necessary. Objective findings of the injured worker indicate of radiculopathy as evidenced by his complaints and positive straight leg raising test. More so, guidelines stated that nerve conduction study is not recommended as there was limited evidence to support its use. They often gave low combined sensitivity and specificity in verifying root injury. Hence, the request for electromyography and nerve conduction study of the bilateral lower extremities is not medically necessary at this time.

Lenza patches #30: 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 request for Lenza patch is not medically necessary at this time. Guidelines stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While the requested medication contains Lidocaine, which is recommended for topical use, it also contains Menthol, which is not addressed by guidelines for topical application. Hence, the request for Lenza patches is not medically necessary at this time.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors (PPIs).

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

Decision rationale: The request for Prilosec 20 mg #60 is not considered medically necessary at this time. From the medical records received, it was determined that Prilosec was prescribed to decrease the risk for gastrointestinal symptoms. However, there was no documentation of any current complaints of gastrointestinal events secondary to medication intake. Hence, the use of Prilosec is not medically necessary.

