

<b>Case Number:</b>	CM14-0092086		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/26/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 21-year-old male who reported an injury on 01/26/2014. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of myofascial pain syndrome, strain of the cervical and lumbar spine, cervical radiculopathy, lumbosacral radiculopathy, and lumbosacral facet syndrome. Past medical treatment includes physical therapy and medication therapy. Medications include naproxen 550 mg 1 tablet 2 times a day, omeprazole 20 mg 1 tablet 2 times a day, Flexeril 7.5 mg 1 tablet 2 to 3 times a day, and Neurontin 300 mg 3 times a day. An EMG and NCV of the bilateral upper extremities that was taken on 06/25/2014 that revealed the injured worker had no evidence of cervical radiculopathy or median, ulnar, radial, or mononeuropathy in either side. There were no pertinent subjective complaints from the injured worker in the report submitted for review. The physical examination dated 06/14/2014 revealed that the injured worker had decreased flexion, extension, and bilateral bending by 10% in the lumbar spine. Range of motion revealed flexion of 60 degrees, extension of 25 degrees, left lateral bending of 25 degrees, and right lateral bending of 25 degrees. There was tenderness to palpation in the bilateral iliolumbar ligament. Sensation was decreased to light touch sensation in the dorsal aspect of the bilateral foot. Reflexes were decreased in the bilateral ankle, with normal reflexes in the bilateral knee. Muscle strength revealed that it was decreased with bilateral dorsiflexion and extensor hallucis longus muscles. There was normal muscle strength in the bilateral knee flexors and knee extensors. There was a positive bilateral straight leg raise at 40 degrees. The treatment plan is for the injured worker to have an EMG/NCS study of the bilateral lower extremities, continue with physical therapy, continue naproxen and gabapentin, and have a follow-up in 1 to 2 weeks. The rationale is that

the injured worker is almost 5 months post injury and still has significant numbness in his right arm that needs to be investigated. The Request for Authorization was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Omeprazole 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any quantified evidence as to how long the injured worker had been taking an NSAID. Furthermore, there was no documentation indicating that he had any complaints of dyspepsia with the use of the medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence-based guidelines. Additionally, the request failed to include a frequency and duration of the medication. As such, the request for Omeprazole 20 mg is not medically necessary.

#### **EMG/NCS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) guidelines state that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. There was no documented evidence submitted in the report revealing that diagnostics done in the past revealed equivocal objective diagnostic findings to necessitate an additional diagnostic study of an EMG/NCV. There was failure of recent conservative care received also not demonstrated in the submitted report. As the submitted report did reveal a decrease in sensation in the injured worker's cervical spine, the request did not specify what part of the injured worker the EMG/NCS was for. As such, the request for EMG/NCS is not medically necessary.

**MRI of lumbar and cervical 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 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The CA MTUS/ACOEM Guidelines for MRI state if there is physiologic evidence indicating tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or other soft tissue. The guidelines also stipulate that there should be documentation of a failure to progress in a strengthening program intended to avoid surgery, physiologic evidence of tissue insult or neurologic dysfunction, and clarification of the anatomy prior to an invasive procedure. The guidelines stipulate that there should be physiological evidence indicating tissue insult or nerve impairment to consider an MRI. The submitted reports lacked any evidence of the above. The submitted progress note dated 06/14/2014 did not report any quantified evidence as to whether the injured worker was progressing in any other strengthening programs or that physical therapy was ineffective. The report simply stated that the injured worker was receiving physical therapy. Given that the submitted report did reveal that the injured worker had numbness and tingling down the left lower extremity, the injured worker is not within the MTUS Guidelines. As such, the requested MRI of lumbar and cervical spine is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. Urine drug tests are recommended as a tool to monitor adherence to the use of controlled substance treatment, to identify drug misuse, and as an adjunct to self-report of drug use. Urine drug tests are indicated for those that the provider suspects have a potential high risk for substance abuse. The frequency of a urine drug test can be determined based upon the risk factors. If the injured worker had evidence of a history of psychiatric disorder, including depression, anxiety, and bipolar disorder, and/or personality disorder, then a screen is recommended. Given that the injured worker revealed none of the above, there was no medical necessity for a urine drug test.