

<b>Case Number:</b>	CM14-0211412		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 3, 2014. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, denied request for amitriptyline (Elavil), denied a Medrol Dosepak, and denied famotidine. The claims administrator contended that the applicant had clinically evident radiculopathy which argued against the need for electrodiagnostic testing. Despite documenting a history of dyspepsia, the claims administrator nevertheless denied famotidine, an H2 antagonist. The claims administrator denied the request for amitriptyline on the grounds that the attending provider sought authorization for a six-month supply of the same without any proviso to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to the same. The claims administrator did not state why a partial approval would not have been permissible. The claims administrator invoked non-MTUS ODG Guidelines to deny the Medrol Dosepak. The claims administrator based its decision on an October 16, 2014 progress note. The applicant's attorney subsequently appealed. The remainder of the file was surveyed. The sole clinical progress notes on file were dated June 6, 2014 and June 10, 2014. The October 16, 2014 progress note in which the claims administrator based its decision on was seemingly not incorporated into the Independent Medical Review packet. On June 10, 2014, the applicant reported complaints of low back pain for which the applicant was reportedly using Prilosec and naproxen. The applicant was using a cane and was not working, it was stated in one section of the note, while another section of the note stated that the applicant's

employer was accommodating previously suggested limitations. The note, thus, was internally inconsistent. The applicant had no significant medical history, it was noted on the June 10, 2014 progress note. On June 6, 2014, it was stated that the applicant denied any issues with paresthesias.

### **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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the result of previously ordered MRI imaging was not clearly stated, either by the attending provider or the claims administrator. The lumbar MRI report and October 16, 2014 progress note made available to the claims administrator would not incorporate into the Independent Medical Review packet, making it difficult to support the EMG component of the request. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that the usage of electrical studies (AKA nerve conduction studies) for routine foot and ankle problems is "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, there was no mention of a tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, or diabetic neuropathy present here. The applicant did not carry any systemic diagnoses or disease processes such as hypothyroidism, diabetes, alcoholism, etc., which would have predisposed the applicant toward development of a lower extremity peripheral neuropathy and compelled the NCV component of the request. Since both the NCV and EMG components of the request cannot be supported based on the admittedly limited information on file, the request is not medically necessary.

**Amitriptyline HCL 25MG PO #30, 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Amitriptyline Page(s): 7, 13.

**Decision rationale:** While page 13 the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is recommended in the treatment of chronic neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of

recommendations. Here, however, the request for a six- to seven-month supply of amitriptyline does not, by implication, contain any proviso to re-evaluate the applicant in the midst of treatment so as to demonstrate medication efficacy. The October 16, 2014 progress note in which the article in question was endorsed was not, furthermore, incorporated into the Independent Medical Review packet, making it difficult to determine whether or not the applicant was or was not improving with the same. Therefore, the request was not medically necessary.

**Methylprednisolone 4 mg PO kit-dispense 1 pack: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Systemic Glucocorticosteroids.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 does note that oral corticosteroids such as the methylprednisolone (Medrol) Dosepak at issue are deemed "not recommended," this recommendation is, however, qualified by commentary in MTUS 9792.25a to the effect that the presumption that the MTUS is presumptively correct is rebuttable and may be controverted by a preponderance of scientific medical evidence establishing that a variance from the schedule is reasonably required to cure or relieve the applicant of the effects of injury. A more updated medical treatment guideline in the form of the Third Edition ACOEM Guidelines Low Back Chapter notes, however, that systemic corticosteroids are recommended in the treatment of acute severe radicular pain syndrome for the purposes of achieving a short-term reduction in pain. Here, the claims administrator referenced an October 16, 2014 progress note on which the applicant presented with 8/10 low back pain radiating into the left leg. The applicant, thus, was experiencing a flare in radicular symptomatology for which a short course of oral steroids was indicated, per the Third Edition ACOEM Guidelines. Therefore, the request was medically necessary.

**Famotidine 40 mg PO tabs, 1/2 tab PO QD: Overturned**

**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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as famotidine (Pepcid) are indicated to combat issues with NSAID-induced dyspepsia. Here, the claims administrator's Utilization Review Report of December 9, 2014 did acknowledge that the applicant was having issues with meloxicam-induced dyspepsia. Usage of famotidine (Pepcid) was indicated to combat the same. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants who are

using NSAIDs in conjunction with corticosteroids are at heightened risk for adverse gastrointestinal events. Here, the applicant was using NSAIDs in conjunction with corticosteroids, namely Mobic in conjunction with Medrol. By implication, prophylactic usage of famotidine (Pepcid) was indicated here. Therefore, the request was medically necessary.