

Case Number:	CM15-0010443		
Date Assigned:	01/28/2015	Date of Injury:	03/22/2012
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: New York
Certification(s)/Specialty: Emergency 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:

This is a 50 year-old male who has reported low back pain after stooping on 03/22/2012. The diagnoses have included lumbar disk disease, radiculopathy, depression, and chronic pain syndrome. Treatments have included TENS, a back brace, physical therapy, and medications. The records show that the injured worker has not worked since November 2013. A lumbar MRI showed multilevel spondylosis from L1 to S1. Per the PR2s in September, October and December 2014, there was neck, arm, and back pain. The back pain radiated to the legs with tingling, with findings suggesting bilateral L4-S1 radiculopathy. Protonix was started for stomach irritation, which was not defined further, and continued for months (up to the present). There is no further discussion of the results or indications for Protonix. Nerve studies were recommended for the lower extremities, apparently due to possible radiculopathy as no other etiology was proposed. The referral to pain management is stated to be for a possible lumbar injection. On 1/9/15 Utilization Review non-certified the request for Protonix 20mg, Nerve Conduction Velocity studies of the lower extremities, and consultation with a Pain Management specialist. Nalfon, tramadol, and lower extremity EMGs were certified. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor (PPI), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

Decision rationale: Protonix is dispensed for stomach irritation. Stomach irritation does not constitute a specific diagnosis and is not an adequate basis on which to begin treatment for presumed gastrointestinal disease. There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. In addition, the request does not include dosing frequency or duration. Protonix is not medically necessary based on lack of medical necessity and risk of toxicity.

Right Lower Extremity Nerve Conduction Velocity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The Utilization Review non-certified an NCV because electrodiagnostic testing was ordered for a possible radiculopathy. There is no discussion in the records of any other possible cause for the leg symptoms. Per the MTUS citation, electrodiagnostic testing may be an option for persistent, non-specific, leg symptoms that accompany back pain. An EMG, not an NCV, is the test for radiculopathy. The EMG was already certified. The treating physician provided no specific indications for the NCV other than radiculopathy. Therefore the NCV is not medically necessary.

Left Lower Extremity Nerve Conduction Velocity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The Utilization Review non-certified an NCV because electrodiagnostic testing was ordered for a possible radiculopathy. There is no discussion in the records of any other possible cause for the leg symptoms. Per the MTUS citation, electrodiagnostic testing may be an option for persistent, non-specific, leg symptoms that accompany back pain. An EMG, not an NCV, is the test for radiculopathy. The EMG was already certified. The treating physician provided no specific indications for the NCV other than radiculopathy. Therefore the NCV is not medically necessary.

Consultation with Pain Management Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: The treating physician has prescribed this referral for possible lumbar injections. The kind of injection considered has not been described. There are many kinds of injections, many of which lack good medical evidence. The treating physician will need to provide a more specific referral to allow for an adequate demonstration of medical necessity. The ACOEM Guidelines cited above recommend against trigger point injections, ligamentous injections, and facet joint injections, for example. Other kinds of injections are addressed in other guidelines. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. A specific radiculopathy has not been described to date in this injured worker. The pending electrodiagnostic testing may help to define this condition. As it stands now, there is not an adequate basis on which to refer this injured worker for an unspecified injection and the referral is therefore not medically necessary.