

Case Number:	CM15-0016217		
Date Assigned:	02/04/2015	Date of Injury:	03/12/2013
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 42 year old female who sustained an industrial injury on 3/12/13. The injured worker reported symptoms in the back. The diagnoses included intervertebral disk disorder - lumbar, musculoligamentous injury - cervical, lumbar radiculopathy, intractable lower back pain and L5-S1 left sided disc extrusion. Treatments to date include oral anti-inflammatory medications, oral muscle relaxant medications, and injections. In a progress note dated 10/20/14 the treating provider reports the injured worker was with "continued low back pain". On 1/7/15 Utilization Review non-certified the request for Prilosec 20 milligrams, Flexeril 5 milligrams #60 and 1 electrodiagnostic study to include Electromyography and Nerve Conduction Velocity of the lower extremities. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as Flexeril) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDs in pain and overall improvement and offer multiple side effects including sedation and somnolence. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been using Flexeril chronically and the continued use is not medically necessary.

1 electrodiagnostic study to include EMG and NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back- Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and

generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. In stead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the physical exam is diagnostic of a radiculopathy, the need for EMG/NCS is not medically warranted.