

Case Number:	CM15-0123223		
Date Assigned:	07/07/2015	Date of Injury:	08/31/2011
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 44 year old female patient, who sustained an industrial injury on 8/31/2011. She reported acute low back pain while stocking shelves. Diagnoses include chronic low back pain, lumbar disc degeneration, disc bulge, annular fissure, and radiculitis. Per the doctor's note dated 7/8/2015, she had complaints of low back pain with some radiation to the lower extremities. The physical examination revealed tenderness over the lumbar paraspinal muscles and negative straight leg raising test. Per the doctor's note dated 5/13/2015, she had complaints of low back pain. The physical examination revealed diffuse tenderness in lumbar region and pain with extension and flexion of the lumbar spine. The current medications list includes amitriptyline, neurontin and celebrex. She has had lumbar MRI on 6/11/2015 which revealed annular tear at L4-5 and L5-S1 with no disc herniation and no central canal or neural foraminal compression. Treatments to date include medication therapy, activity modification, physical therapy, acupuncture treatments and epidural steroid injections noted as 70-80% effective in reducing pain. The plan of care included Amitriptyline HCL 10mg; Celebrex 200mg #30; electromyogram and nerve conduction studies (EMG/NCS) to bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCV bilateral lower extremities: 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 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Q-- Outpatient EMG/NCV bilateral lower extremities. Special studies and diagnostic and treatment consideration. Per ACOEM chapter 12 guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Per the records provided, patient had complaints of low back pain with some radiation to the lower extremities. The physical examination revealed tenderness over the lumbar paraspinal muscles and negative straight leg raising test. The findings of significant neurological dysfunction are not specified in the records provided. Patient has already had lumbar MRI on 6/11/2015, which revealed annular tear at L4-5 and L5-S1 with no disc herniation and no central canal or neural foraminal compression. Significant changes in the patient's condition since this diagnostic study that would require an EMG/NCS is not specified in the records provided. In addition per the cited guidelines For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Failure to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Outpatient EMG/NCV bilateral lower extremities is not fully established for this patient at this time.

Elavil 10mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, anti depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13.

Decision rationale: Q-- Elavil 10mg #60. Elavil contains Amitriptyline which is a tricyclic antidepressant. According to the CA MTUS chronic pain guidelines antidepressant are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Per the records provided patient had chronic low back pain with tenderness and pain with flexion and extension. The patient has chronic pain with the presence of documented abnormal objective findings. Elavil is a first line option for chronic pain. The use of Elavil 10mg #60 is medically appropriate and necessary in this patient.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (NSAIDs) with GI issues.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22; Celebrex, Page 30.

Decision rationale: Q--Celebrex 200mg #30. Celebrex contains Celecoxib which is a non steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. According to CA MTUS chronic pain medical treatment guidelines Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004) COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. According to the cited guidelines Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In addition per the cited guidelines COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. History of GI complications, peptic ulcer or history of GI bleeding is not specified in the records provided. Failure of generic NSAIDs like ibuprofen or naproxen (with dose, duration and side effect) is not specified in the records provided. The medical necessity of Celebrex 200mg #30 is not fully established for this patient at this time.