

Case Number:	CM13-0007480		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2012
Decision Date:	07/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/02/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 27 year old male with date of injury 8/6/2012. The mechanism of injury is stated as bending over, picking up boxes and hurting his back. He has complained of chronic low back pain since the date of injury. He has been treated with chiropractic therapy, acupuncture and medications. An MRI of the lumbar spine performed on 12/2012 revealed spondylosis and disc disease at L4-S1. An EMG and nerve conduction velocity studies of the lower extremity performed 03/2013 were normal. Objective: tenderness to palpation of the paraspinal lumbar musculature bilaterally, positive straight leg raise bilaterally, decreased range of motion of the lumbar spine, hyperreflexia of the right patellar and achilles tendons. Diagnoses: lumbar spine sprain, lumbar spine radiculitis. Treatment plan and request: Omeprazole, Terocin lotion, Tizanidine, Ketoprofen, Epidural corticosteroid injection, transforaminal, right L4, L5, S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI, Symptom and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 27 year old male has complained of lower back pain since date of injury 8/6/2012. He has been treated with acupuncture, chiropractic therapy and medications. The current request is for omeprazole. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, prilosec is not indicated as medically necessary in this patient.

Terocin Lotion 4 OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 27 year old male has complained of lower back pain since date of injury 8/6/2012. He has been treated with acupuncture, chiropractic therapy and medications. The current request is for Terocin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin lotion is not indicated as medically necessary.

Tizamide 4 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 27 year old male has complained of lower back pain since date of injury 8/6/2012. He has been treated with acupuncture, chiropractic therapy and medications to include Tizanidine since at least 03/2013. Per the MTUS guidelines cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Zanaflex is not indicated as medically necessary.

Ketoprofen 75 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This 27 year old male has complained of lower back pain since date of injury 8/6/2012. He has been treated with acupuncture, chiropractic therapy and medications to include Ketoprofen since at least 03/2013. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of low back pain. The current treatment duration at the time of request far exceeds the recommended treatment period. On the basis of the MTUS guidelines, Ketoprofen is not indicated as medically necessary.

One Tranferaminal Epidural Steroid Injection On The Right At L4,L5, and S1 Roots:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Corticosteroid Injections Page(s): 41.

Decision rationale: This 27 year old male has complained of lower back pain since date of injury 8/6/2012. He has been treated with acupuncture, chiropractic therapy and medications. According to the MTUS guidelines cited above, prior to performing an epidural corticosteroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. There is no documentation of evidence of radiculopathy nor is there adequate documentation of lack of response to NSAIDS and muscle relaxants. On the basis of this lack of documentation and the MTUS guidelines cited above, a lumbar corticosteroid transforaminal epidural injection is not indicated as medically necessary.