

<b>Case Number:</b>	CM13-0027164		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Georgia. 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 physician 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.

### 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 claimant is a 34 year old woman with DOI 2/16/2005 when she experienced the sudden onset of back pain while carrying a 30 pound box. Her current diagnoses include disc herniations L4L5, L5S1, fibromyalgia, complex regional pain syndrome, and elevated LFTs. She is rated temporarily permanently disabled. Treatments thus far have included trials of epidural injections and multiple pain meds for which purported anaphylactic reactions occurred. Her medications include codeine, Demerol injections, oral Phenergan, Flector patches, Skelaxin, Motrin, OCPs, diuretics, Synthroid, glycolax, gabapentin, Zantac and omeprazole. Surgery has been considered for the lumbar disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #60:** Upheld

**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 Page(s): 68.

**Decision rationale:** The CA MTUS allows for the use of omeprazole 20 mg daily for gastric protection during treatment with NSAIDs. The claimant is treated with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s and use of omeprazole 20 mg one po qd is medically necessary and supported by the medical record. I note here that omeprazole 20 mg #30 was allowed in the

original UR decision. However, the medical record does not contain any rationale for twice daily dosing of omeprazole and the request for #60 omeprazole is denied.

**Repeat ECHO:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography: Summary Article A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/ASE Committee to Update the 1997 Guidelines fo

**Decision rationale:** Neither the MTUS nor the ODG address indications for echocardiogram. The medical records indicate that an echocardiogram 3/11/2011 showed normal chambers, wall thickness and LV function and 1+ tricuspid and mitral regurgitation, which is considered a trivial finding. The medical records do not describe any significant change in cardiovascular function or symptoms since the previous echocardiogram. The ACC/AHA guidelines specifically advise against repeat echocardiograms in persons with stable cardiac status who have

**Hepatitis Panel:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Causes and Evaluation of Mildly Elevated Liver Transaminase Levels, Am Fam Physician. 2011 Nov 1;84(9):1003-1008.

**Decision rationale:** MTUS does not specifically address the use of tests such as the hepatitis panel. The medical records documents known persistent mildly elevated liver function tests. Although these abnormalities may be related to a medication effect, it is medically reasonable to exclude viral hepatitis as a cause of the elevated liver function tests with a hepatitis panel. The request for hepatitis panel is approved.

**Serum Ferritin:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Causes and Evaluation of Mildly Elevated Liver Transaminase Levels, Am Fam Physician. 2011 Nov 1;84(9):1003-1008.

**Decision rationale:** MTUS does not specifically address the use of tests such as serum ferritin. The medical records documents known persistent mildly elevated liver function tests. Although these abnormalities may be related to a medication effect, it is medically reasonable to exclude hemochromatosis as a cause of the elevated liver function tests with a serum ferritin. The request for serum ferritin is approved.

**Arthritis Panel:** Upheld

**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): 310-315.

**Decision rationale:** ACOEM describes the use of serologic studies such as an arthritis panel when there is a suspicion of underlying rheumatologic condition. The medical record does not include evidence of concern for an underlying rheumatologic condition as cause for the claimant's pain. The request for arthritis panel is denied.

**SED Rate:** Upheld

**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): 110-115.

**Decision rationale:** ACOEM describes the use of serologic studies such as a sed rate when there is a suspicion of underlying rheumatologic condition. The medical record does not include evidence of concern for an underlying rheumatologic condition as cause for the claimant's pain. The request for SED rate is denied.

**CRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310-315.

**Decision rationale:** ACOEM describes the use of serologic studies such as a CRP when there is a suspicion of underlying rheumatologic or inflammatory condition. The medical record does not include evidence of concern for any such underlying condition as cause for the claimant's pain. The request for CRP is denied.

**Anti-Nuclear Antibody:** Upheld

**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): 310-315.

**Decision rationale:** ACOEM describes the use of serologic studies such as an ANA when there is a suspicion of underlying rheumatologic condition. The medical record does not include evidence of concern for an underlying rheumatologic condition as cause for the claimant's pain. The request for an ANA is denied.

**Rheumatoid Factor:** Upheld

**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): 310-315.

**Decision rationale:** ACOEM describes the use of serologic studies such as rheumatoid factor when there is a suspicion of underlying rheumatologic condition. The medical record does not include evidence of concern for an underlying rheumatologic condition as cause for the claimant's pain. The request for rheumatoid factor is denied.

**X-rays, lumbar , flexion.extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** ACOEM states that lumbar x rays are not indicated for low back pain when there are no red flags for serious underlying pathology present. The medical record does not describe any red flags for serious underlying pathology, aside from the known lumbar disc herniation. The request for lumbar x rays, flexion and extension, is denied.

**MRI lumbosacral spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** ACOEM considers MRI to be appropriate when there is documentation of nerve compromise after a period of failure to improve with conservative therapies. In this case, the medical records include documentation of an MRI on 11/21/2012, which showed lumbar disc

disease at L4-L5 and L5-S1. There is no documentation of any change in clinical status since that MRI was obtained. A repeat MRI would not provide any additional insight into the clinical situation and is not medically necessary. The request for lumbosacral MRI is denied.

**Simethicone 40mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: Up To Date, Lexi-Comp.

**Decision rationale:** MTUS and ACOEM do not address the use of simethicone. Up To Date/Lexi-Comp lists the indication for use as postoperative gas pain or for use in endoscopic examination; relief of bloating, pressure, and discomfort of gas. There is no documentation in the medical record of any conditions for which this medication is indicated. The request for simethicone is denied.