

Case Number:	CM13-0042740		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2012
Decision Date:	04/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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:

39 year old claimant with industrial injury secondary to cumulative trauma 9/10/12. MRI lumbar spine 7/19/13 demonstrates L5/S1 disc dessication with 4 mm broad based disc protrusion noted. Moderate to severe left foraminal stenosis noted. Exam note 7/16/13 demonstrates subjective numbness to left foot and weakness in left leg. Prescription given for Flexeril 7.5 mg #90, Neurontin 600 mg, Naprosyn 550 mg and Omprezole 20 mg #100. Exam note 10/10/13 does not document functional improvement with medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE 20MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 69.

Decision rationale: In this case there is lack of medical necessity in the records that the claimant is at risk for gastrointestinal events. The guidelines recommend for patients with intermediate or high risk for gastrointestinal events. Therefore the determination is non-certification.

PRESCRIPTION OF NEURONTIN 600MG, #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neurontin, Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Specific Anti-Epilepsy Drugs, Page(s): 18.

Decision rationale: There is no evidence of functional improvement with Neurontin in the records from 10/10/13. Therefore the request for 300 Neurontin is not medically necessary and is noncertified.

PRESCRIPTION OF FLEXERIL 7.5MG, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxant Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 64.

Decision rationale: There is no evidence of functional improvement with Flexeril in the records from 10/10/13. Therefore the request for Flexeril 7.5 mg #270 is not medically necessary and is noncertified.

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT LEFT L4 WITH FLUOROSCOPY AND IV SEDATION, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 46.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, no more than 2 nerve root levels should be injected using transforaminal blocks. As this is a third request, the determination is for non-certification.