MAXIMUS Federal Services

| Case Number: | CM13-0049526 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/05/2013 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 62 year-old male who was injured on 9/5/13. He has been diagnosed with lumbar sprain/strain with radicular complaints and MRI evidence of 5-mm disc bulge at L3/4 and 3mm bulge at L4/5 and L5/S1. According to the 10/17/13 orthopedic spine report from [redacted], the patient presents with moderate low back pain that radiates down the left leg. On exam, there is tenderness over the L5/S1 facets and sciatic notch and musle spasms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

**Decision rationale:** The patient presents with low back and left leg pain. The review is for a transforaminal epidural steroid injection (TFESI) at L5/S1. The 10/17/13 and 10/29/13 reports from [redacted] do not demonstrate any particular pattern of radiation, and there were no physical exam findings suggestive of radiculopathy. The initial report by [redacted] was dated

9/19/13 and it did mention a positive SLR on the left, but did not identify any dermatomal pattern or nerve root distribution of symptoms The 12/2/13 report states the patient does not want to have the TFESI. The patient did not meet the MTUS criteria for an Epidural Steroid Injection . Radiculopathy was not documented on physical exam, and the injury date is listed as 9/5/13, and there is no indication that the patient is initially unresponsive to conservative treatment.

**OMEPRAZOLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GASTROINTESTINAL (GI), SYMPTOMS & CARDIOVASCULAR RISK..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GASTROINTESTINAL (GI), SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The patient presents with low back pain. He takes naproxen, omeprazole and tramadol. The review is for Omeprazole. The medical reports do not show any history of Gastroesophageal Reflux Disease (GERD) , or ulcers. The physician has not provided a rationale for omeprazole, nor discussed the MTUS risk factors for Gastrointestinal (GI) events, that may allow for use of omeprazole on a prophylactic basis. Based on the information provided, the use of omeprazole in this patient who does not have current symptoms of dyspesia or GERD and who does not have any of the MTUS risk factors for GI events, is not in accordance with MTUS guidelines, or the labeled indication for omeprazole.

**TRAMADOL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION, ULTRAM (TRAMADOL). Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION (TWC), 7TH EDITION, PAGE 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN , TRAMADOL, AND OPIOIDS Page(s): 113, 93-94. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN , 113

**Decision rationale:** The patient presents with low back pain. The onset was 9/5/13, and the records show he was first treated on 9/13/13 with naproxen, and Flexeril. The 9/19/13 report from [redacted] notes the is taking naproxen and Tylenol with codeine, and [redacted] notes the pain is moderate and prescribed tramadol, omeprazole and naproxen. Tramadol was not used as a first-line analgesic and the patient is reported to have moderate pain. The use of tramadol appears to be in accordance with MTUS guidelines.