

<b>Case Number:</b>	CM13-0053238		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine 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:

The patient is represented [REDACTED] employee who has filed a claim for chronic shoulder, mid back, and low back pain reportedly associated with an industrial injury of November 1, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a utilization review report of November 11, 2013, the claims administrator denied a request for omeprazole and denied a request for selective nerve root block at L5-S1 on the grounds that there is no electrodiagnostic evidence of radiculopathy which would corroborate the patient's clinical radicular complaints and radicular signs. Omeprazole was apparently denied on the grounds that there is no mention of any gastrointestinal side effects. A clinical progress note of April 24, 2013 was notable for comments that the patient had persistent complaints of low back pain radiating to the left leg. The patient was given prescription for Neurontin, Vimovo, and Percocet. In an earlier note of February 26, 2013, the attending provider wrote that the patient had had an earlier epidural, which provided him with short and significant relief. The attending provider wrote that the patient had a second epidural, which provided only fleeting relief and that the attending provider would therefore not like to provide a selective nerve root block at L5-S1. Various medications, including Neurontin were refilled and/or increased at that point in time. The patient was again placed off of work, on total temporary disability. A subsequent note of November 1, 2013 was again notable for comments that the patient had no changes in his presentation. The physical therapy has not helped at all. The patient remains off of work, on total temporary disability. A selective nerve root block at L5-S1 was again endorsed, along with prescription of Percocet, Prilosec, Naprosyn, and Neurontin. Also reviewed is an epidural steroid injection procedure note of November 7,

2012. In a medical-legal report of October 31, 2012, no mention was made of issues with reflux, heartburn, and/or dyspepsia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OMEPRAZOLE 20 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms and Cardiovascular Risk Topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors, such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish any active signs or symptoms of reflux, heartburn, and/or dyspepsia for which introduction of a proton-pump inhibitor, omeprazole, would be indicated. Accordingly, the request remains not medically necessary, on independent medical review.

**SELECTIVE NERVE ROOT BLOCK L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicted on evidence of functional improvement with earlier blocks. In this case, however, the patient has failed to achieve any lasting benefit or functional improvement despite at least two prior epidural steroid injections. The patient is off of work, on total temporary disability, and remains highly reliant on various medications, including Percocet. All the above, taken together, imply that the earlier epidural steroid injections were unsuccessful. Therefore, the request for a repeat nerve block at L5-S1 is not medically necessary.