

Case Number:	CM13-0063070		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2004
Decision Date:	03/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar spine surgery; muscle relaxants; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with permanent limitations in place. Electrodiagnostic testing of the lumbar spine and lower extremities on March 7, 2013, is notable for left chronic L5 radiculopathy. In a utilization review report of November 25, 2013, the claims administrator denied a request for Prilosec, denied a request for Senna, denied a request for medial branch blocks, and denied a request for an outpatient urine drug screen. Overall, documentation and rationale furnished in the utilization report was very sparse. In an applicant questionnaire of March 26, 2014, the applicant noted that she has not worked since March 24, 2014. In a clinical progress note of August 21, 2013, the applicant presented with 7/10 low back pain. The applicant is on Norco, Ketoprofen, Lexapro, Topamax, and Prilosec, it is stated. The applicant has had laboratory testing in December 2012 notable for normal renal and hepatic function. Various medications are renewed. Lumbar medial branch blocks are sought for both diagnostic and therapeutic purposes. The applicant is given various diagnoses, including facet arthropathy, chronic pain syndrome, and myofascial pain syndrome. 4+/5 lower extremity strength is noted with paraspinal tenderness and decreased lumbar range of motion noted. Unspecified urine drug testing is also endorsed. A clinical progress note of October 26, 2013 is notable for the comments that the applicant is using Senna for constipation and Topamax for pain relief. It is not clearly stated why the applicant is using omeprazole or Prilosec

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OMEPRAZOLE 20MG: 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): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does state that proton pump inhibitors such as omeprazole or Prilosec can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, there is no description of dyspepsia, reflux, and/or heartburn appreciated on any recent progress note. On a self-reported questionnaire the applicant did not make any mention of any intestinal symptoms or gastrointestinal symptoms such as reflux, heartburn, and/or dyspepsia. Therefore, the request is not certified, on independent medical review

120 DOCUSATE/SENNOSIDES 10/8.6MG: Overturned

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): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does state that proton pump inhibitors such as omeprazole or Prilosec can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, there is no description of dyspepsia, reflux, and/or heartburn appreciated on any recent progress note. On a self-reported questionnaire the applicant did not make any mention of any intestinal symptoms or gastrointestinal symptoms such as reflux, heartburn, and/or dyspepsia. Therefore, the request is not certified, on independent medical review.

OUTPATIENT DRUG SCREEN: 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 urine drug testing topic. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain context, the MTUS does not

establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter, urine drug testing topic, an attending provider should clearly state which drug test and/or drug panels he intends to test for and state when the last time an applicant was tested. In this case, however, the attending provider did not state which drug test and/or drug panels he intended to pursue, nor did he state when the last time the applicant was tested. Therefore, the request is not certified, on independent medical review

LUMBAR MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 12, page 300 does state that facet neurotomy should be performed only after appropriate investigations involving diagnostic medial branch blocks, the overall ACOEM recommendation on all forms of facet joint therapy, both diagnostic and therapeutic, in Chapter 12, Table 12-8 is "not recommended." In this case, there is, furthermore, some lack of diagnostic clarity. The attending provider has furnished myofascial pain syndrome and facetogenic pain as possible diagnoses. The applicant also exhibits diminished lower extremity strength, also calling into question possible radiculopathy. Therefore, the request is not certified both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendation.