

Case Number:	CM13-0072449		
Date Assigned:	01/03/2014	Date of Injury:	12/26/2007
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 26, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior lumbar spine surgery in 2010, unspecified amounts of physical therapy and chiropractic manipulative therapy; a spinal cord stimulator; and epidural steroid injection therapy in unspecified amounts. In a Utilization Review Report of December 9, 2013, the claims administrator denied request for Medrol Dosepak and Prilosec. No guidelines were cited. The claims administrator stated that treatment guidelines do not support usage of corticosteroids for chronic pain issues but do not state which guidelines. The claims administrator similarly stated that the patient could use over-the-counter Prilosec and did not need a prescription version of the same. The applicant's attorney subsequently appealed. On June 4, 2013, the applicant was described as permanent and stationary. The applicant was described as having failed back syndrome, lumbar radiculopathy, and depression. Oxycodone, Prilosec, Voltaren, and Senna were endorsed. The patient did report low back pain radiating to the legs, it was further noted. The patient was described as disabled and off of work. In an October 22, 2013, progress note, the patient reports heightened pain, attributed to cooler weather, ranging from 6-10/10, reportedly improved with medications. A positive straight leg rising and hyposensorium were noted about the legs. Senna, Voltaren, Prilosec, and Oxycodone were endorsed. On November 19, 2013, the patient was given prescriptions for Medrol, Voltaren, Senna, Prilosec, and Oxycodone apparently for persistent low back radiating to the legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular risks topic Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic usage of proton pump inhibitors is indicated in individuals who are using NSAIDs in conjunction with corticosteroids. In this case, the applicant is in fact using an NSAID, oral Voltaren, in conjunction with a corticosteroid, Medrol. Introduction of proton pump inhibitor, Prilosec, on a prophylactic basis is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

MEDROL PAK 4 MG X 0 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 308. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Systemic Glucocorticosteroids section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, does state that oral corticosteroids are "not recommended," this is a topic which has been supplanted by more current medical evidence. As noted in MTUS 9792.25a, the presumption that the MTUS is presumptively correct is rebuttal and may be controverted by a preponderance of scientific medical evidence establishing that a variance from the schedule is reasonably required to cure or relieve the injured worker from the effects of his or her injury. In this case, the Third Edition ACOEM Guidelines do support usage of oral corticosteroids such as Medrol to combat lumbar radiculopathy. As noted in the Third Edition ACOEM Guidelines, Glucocorticosteroids are "recommended" for treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction in pain. In this case, the applicant was having an acute flare of radicular pain which had proven resistant to usage of NSAIDs alone. A short burst or course of oral corticosteroids such as Medrol was therefore indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.