

Case Number:	CM14-0013092		
Date Assigned:	02/24/2014	Date of Injury:	03/17/2007
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/01/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old male with a date of injury January 25, 1969. The recent diagnoses include history of coccyx fracture, lumbar sprain/strain, chronic low back pain, lumbar radiculopathy, and herniated nucleus pulposus of the lumbar spine with multiple levels with stenosis. There are requests for 1 prescription of Omeprazole 20mg #60, 1 prescription of Ketoprofen 75mg #90, and 1 transforaminal epidural steroid injection at bilateral L4-L5. An MRI of the Lumbar spine dated May 9, 2012 reveals a degenerative disc disease and facet arthropathy with retrolisthesis L4-5 and L5-S1, canal stenosis includes L3-4 mild, L4-5 moderate canal stenosis, neural foraminal narrowing includes L4-5 mild to moderate left, moderate right; and L5-S1 mild to moderate left neural foraminal narrowing. A November 25, 2013 primary treating physician progress report states that the patient presents for follow-up of low back pain. He continues with a pain management clinic for his medication management. He is also seeing a physician for his right knee and left shoulder. The patient reports that he is currently not working. The patient reports his low back pain at a 5 to 6/10 on the pain scale. He continues to have radiation of pain and numbness into his bilateral lower extremities going to his calves. He has increased pain with standing, bending and twisting at the waist. In regards to the medications, he is currently taking Docuprene, ketoprofen, Norco and LldoPro. On examination the patient has antalgic gait with the use of a cane. There is tenderness to palpation to lumbar paraspinals. Range of motion of the lumbar spine is decreased in all planes and decreased sensation to the left L4 and L5 dermatomes. Motor exam is 3+/5 left tibialis anterior, Inversion, plantar flexion and eversion. 4+/5 bilateral psoas, quadriceps. hamstrings, Inversion, right plantarflexion and eversion. Hyperreflexic right patellar reflex. Positive straight leg raise

bilaterally with pain radiating into the calf. Positive slump test bilaterally. The straight leg raise positive bilaterally at 40 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- PPI (PROTON PUMP INHIBITOR), ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: There is no history that patient meets the California MTUS criteria for a proton pump inhibitor. The California MTUS Guidelines do not support treatment proton pump inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. There is no history of dyspepsia on NSAIDs. The request is not medically necessary.

PRESCRIPTION OF KETOPROFEN 75MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- NSAID's, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68 72.

Decision rationale: The documentation indicates that the patient's Ketoprofen use dates back to October 2012 without significant benefit in functional improvement or pain. The California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines indicate that the patient has been using this on a chronic basis without functional improvement. The request is not medically necessary.

ONE TRANSFORAMINAL EPIDURAL STEROID INJECTION AT BILATERAL L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- ESIs, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Per documentation the patient had a previous epidural steroid injection to the L4-5 level on October 11, 2012 without change in pain or function. Without benefit from prior epidural injection the California MTUS Guideline does not recommend another epidural injection. The request for one transforaminal epidural steroid injection at bilateral L4-5 is not medically necessary.