

Case Number:	CM14-0116640		
Date Assigned:	08/04/2014	Date of Injury:	08/15/2007
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 44-year-old male who has submitted a claim for herniated disc of cervical spine, cervical radiculitis, and herniated disc of lumbosacral spine associated with an industrial injury date of 08/15/2007. Medical records from 10/09/2012 to 07/03/2014 were reviewed and showed that patient complained of persistent back pain graded 8-9/10 radiating down the right leg with numbness and tingling. Physical examination of the lumbar spine revealed well-healed incisions. Tenderness over the lumbar paraspinal muscles and right sacroiliac joint was noted. Lumbar spine ROM (range of motion) was decreased. Fabere's and Patrick's tests were positive. MRI of the lumbar spine (date not made available) showed disc protrusion at L5-S1 with right lateralization. EMG/NCV (electromyography/nerve conduction velocity) of bilateral lower extremities dated 02/20/2014 was unremarkable. Treatment to date has included right L5-S1 transepidural discectomy (11/10/2010), right L5-S1 microdiscectomy (12/14/2010), physical therapy, and pain medications. Utilization review dated 07/03/2014 denied the request for lumbar spine brace because lumbar spine supports are only effective in the acute phase of low back pains. Utilization review dated 07/03/2014 denied the request for Prilosec 20mg #90 because there was no documentation of gastrointestinal upset with NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: CA MTUS does not specifically address chairback/lumbar brace. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support such as lumbar spine brace is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of persistent back pain. The guidelines state that lumbar brace is not recommended for prevention of back pain. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for lumbar spine brace is not medically necessary.

Prilosec 20mg #90: Upheld

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 Risk Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case the patient was prescribed Prilosec 20mg #90 OD since 08/20/2012. Recent medical records (04/23/2014) state that the patient did not report gastrointestinal symptomatology and that proton pump inhibitor was requested to avoid NSAID-induced gastritis. However, the patient does not fit the aforementioned criteria for proton pump inhibitor prophylaxis against GI and cardiovascular events. Therefore, the request for Prilosec 20mg, #90 is not medically necessary.