

Case Number:	CM14-0133478		
Date Assigned:	09/18/2014	Date of Injury:	10/03/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old female with an injury date of 10/03/13. Based on the 07/15/14 progress report, the patient complains of chronic low back pain with muscle spasms radiating from lower back to lateral hips and down the posterolateral legs to toes which wake her up from her sleep. Her posterolateral leg and entire foot is frequently numb. The 01/04/14 MRI of the lumbar spine reveals a left paracentral disc 3 mm protrusion with left subarticular stenosis at L4-5. At L5-S1, there is a 2 mm disc protrusion with foraminal and central canal stenosis. The patient's diagnoses include the following: 1. Degeneration of lumbar intervertebral disc 2. Lumbosacral radiculitis 3. Sciatica 4. Lumbago 5. Chronic pain syndrome 6. Gastroesophageal reflux disease 7. Lumbar facet joint pain 8. Spasm of muscle 9. Myofascial pain The utilization review determination being challenged is dated 07/22/14. Treatment reports were provided from 09/22/13- 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 07/15/14 report, the patient complains of chronic low back pain with muscle spasms radiating from lower back to lateral hips and down the posterolateral legs to toes which wake her up from her sleep. The request is for a bilateral L4-5 and L5-S1 transforaminal epidural steroid injection. The 07/15/14 report states that the patient has not previously had an epidural steroid injection (ESI). In reference to an epidural steroid injection, California Medical Treatment Utilization Schedule (MTUS) Guidelines states, "Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Reviewing the reports, there are no positive exam findings, although the patient has pain down the leg with magnetic resonance imaging (MRI) showing potential nerve root lesion. California MTUS requires positive examination verification of radiculopathy for trial of an ESI. Treatment is not medically necessary and appropriate.

Magox 400mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/mag-ox.html> Mag-Ox is used for: Treating acid indigestion, heartburn, sour stomach, and low magnesium levels in the body. It also may be used for other conditions as determined by your doctor . Mag-Ox is an essential mineral. It works by adding magnesium to your body if your magnesium levels are low. As an antacid, it works by neutralizing stomach acid.

Decision rationale: According to the 07/15/14 report, the patient complains of chronic low back pain with muscle spasms radiating from lower back to lateral hips and down the posterolateral legs to toes which wake her up from her sleep. The request is for Magox 400 mg. The patient has been taking Magox for muscle spasms on 07/15/14. The utilization review letter states that there is "No clear efficacy of this medication. Not clear what diagnosis doctor is prescribing for as well." Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss this medication. Drugs.com states that Magox is used to treat "Acid indigestion, heartburn, sour stomach, and low magnesium levels in the body. It works by adding magnesium to your body if your magnesium levels are low." There is no discussion provided as to why the treater is requesting for Magox, nor are there any guidelines which support the use of Magox. Treatment is not medically necessary and appropriate.

Omeprazole 20mg: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines- Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec® (omeprazole), Prevacid® (lansoprazole) and Nexium® (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase i

Decision rationale: According to the 07/15/14 report, the patient complains of chronic low back pain with muscle spasms radiating from lower back to lateral hips and down the posterolateral legs to toes which wake her up from her sleep. The request is for Omeprazole 20 mg. The patient has been taking Omeprazole as early as 05/30/14. The 07/15/14 report states "She is also having daily occasional severe stomach pain and daily heart burn, despite being on Omeprazole twice daily. She says the Omeprazole is helping but has only reduced the stomach symptoms by one-third." The patient continues to have pain with gastroesophageal reflux disease (GERD). California Medical Treatment Utilization Schedule (MTUS) supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. Official Disability Guidelines (ODG) also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treater has documented the patient's gastrointestinal symptoms as well as the benefit the patient receives from taking Omeprazole. Treatment is medically necessary and appropriate.