

Case Number:	CM14-0160999		
Date Assigned:	10/06/2014	Date of Injury:	07/10/2013
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal 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 injured worker (IW) is a 63-year-old male with a date of injury of July 11, 2013. The mechanism injury occurred when the IW was attending a computer class. When he went to start typing, his left hand went numb and he experienced a tightening sensation. He reports that he could not move his left hand. He was transported to [REDACTED] via ambulance and was treated for a possible heart attack. After several hours, the heart attack was ruled out and he was released. The IW reports that he had been moving heavy furniture for several months prior to the July 11, 2013 event. He believed that the symptoms he experience on July 10, 2013 in the upper extremity were directly caused from performing the heavy lifting, carrying and moving of appliances and furniture. In the most recent progress noted dated August 19, 2014, indicated that the IW was being seen for the chief complaint of pain in the low back. He describes the pain as sharp, radiating to the lower extremities with numbness and tingling sensation. It should be noted that the IW had several prior work-related injuries involving his lumbar spine. The IW had electrodiagnostic studies of the left upper extremities on July 22, 2013, which were normal. He has been prescribed Omeprazole, Flexeril, and Norco. He attended 19 sessions of physical therapy consisting of stretching and strengthening exercises, electrical muscle stimulation unit, hot and cold packs, and manual massage directed to the left upper extremity with some benefit. Physical examination showed diffuse lumbar tenderness noted over the lumbar paravertebral musculature. There is moderate facet tenderness noted over the L3-L5 spinous processes. Lower extremity examination was negative. Diagnoses include: Lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and status post lumbar fusion of L4 through S1 in 2001. Most recent MRI scan of the lumbar spine dated May 9, 2014, showed post-surgical changes with interbody cages at L5-S1. At L4-L5, there was facet arthropathy. Treatment

recommendations include a request for bilateral L3, L4, and L5 transforaminal epidural steroid injections, continue current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot orthotics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Foot Devices

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), bilateral foot orthotics is not medically necessary. The guidelines support the use of orthotics for the management of plantar fasciitis. In this case, the documentation does not provide a clear indication for the orthotics. A physical examination of the foot is not present in the medical record. Additionally, a diagnosis of plantar fasciitis is missing from the medical documentation. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, bilateral foot orthotics are not medically necessary.

Athletic work boots block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), athletic work boots are not medically necessary. The topic of Durable Medical Equipment (DME) is discussed in the Official Disability Guidelines. The term DME requires the equipment be primarily and customarily used to serve a medical purpose. Additionally, it is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. In this case, the documentation does not support the use of athletic work boots serving a medical purpose. Work boots are useful in a general sense for individuals in the absence of illness or injury. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, athletic work boots are not medically necessary.

Prilosec 20mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors

Decision rationale: Pursuant to the chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Prilosec is not medically necessary. Prilosec is a proton pump inhibitor and is available over-the-counter. The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are indicated for individuals that are at moderate to high risk of gastrointestinal (GI) complications, such as the history of GI bleeding, peptic ulcer disease and concurrent use of aspirin for high dose of non-steroidal anti-inflammatory medications. In this case, the injured worker did experience heartburn in July 2014; however, subsequent visits disclose no heartburn and no history of peptic ulcer disease, GI bleeding or GI complaints. Additionally, there is no documentation of non-steroidal anti-inflammatory drug use. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Prilosec is not medically necessary.