

Case Number:	CM14-0167803		
Date Assigned:	10/15/2014	Date of Injury:	06/13/1995
Decision Date:	12/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/11/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 is a 47 year old male who was injured at work on 06/13/91995. The injured worker is reported to be complaining of constant low back pain that intermittently radiates to his buttocks, left groin, and left leg. The pain is associated with intermittent numbness when he experiences worsening muscle spasms; worsening weakness; intermittent paresthesia that radiates to the left leg; intermittent depression when the low back pain flares up. The physical examination is remarkable for severe limitation in lumbar range of movement, severe tenderness along the left L5-S1 facets and sacroiliac joint, moderate tenderness of the left piriformis muscle and sciatic notch, and limited range extension of the left hip. The worker has been diagnosed of chronic low back pain in the lumbar sacral spine with history of intervertebral disc changes, intermittent bladder incontinence, and chronic pain. Treatments have included Epidural steroid injections, Toradol injections, Mobic, Ibuprofen, Zorvolez, duloxetine, and omeprazole. However, the Duloxetine is reported to be causing constipation, dizziness and sedation; while the nonsteroidal ant inflammatory medications are associated with gastrointestinal side effects. At dispute are the requests Omeprazole 20mg #30; Duloxetine 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 06/13/91995. The medical records provided indicate the diagnosis of chronic low back pain in the lumbar sacral spine with history of intervertebral disc changes, intermittent bladder incontinence, Depression and chronic pain. Treatments have included Epidural steroid injections, Toradol injections, Mobic, Ibuprofen, Zorvolez, Duloxetine, and Omeprazole. However, nonsteroidal anti-inflammatory drugs are associated with gastrointestinal side effects. The medical records provided for review indicate a medical necessity for Omeprazole 20mg #30. The MTUS recommends non-selective Nonsteroidal anti-inflammatory drugs with either a Proton Pump Inhibitor, like omeprazole, or misoprostol, or (2) a Cox-2 selective agent for individuals at intermediate risk of gastrointestinal side effects of Nonsteroidal anti-inflammatory drugs. The records indicate the injured worker developed gastrointestinal side effects of NSAIDs, and the worker is currently being treated with Diclofenac; therefore, it is medically necessary the injured worker be treated with a proton pump inhibitor like Omeprazole, provided it is not used more than one year, as advised by MTUS due to the risk of Hip.

Duloxetine 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: The injured worker sustained a work related injury on 06/13/91995. The medical records provided indicate the diagnosis of chronic low back pain in the lumbar sacral spine with history of intervertebral disc changes, intermittent bladder incontinence, Depression and chronic pain. Treatments have included Epidural steroid injections, Toradol injections, Mobic, Ibuprofen, Zorvolez, Duloxetine, and Omeprazole. However, nonsteroidal anti-inflammatory drugs are associated with gastrointestinal side effects. The medical records provided for review indicate a medical necessity for Duloxetine 20mg #30. The Medical records of 08/6/2014 reported the injured worker had been treated for depression when he had flare up of low back pain. The MTUS recommends the use of Duloxetine (Cymbalta) for treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. The requested treatment is medically necessary and appropriate.