

<b>Case Number:</b>	CM14-0170712		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 and is licensed to practice in Illinois. 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 35-year-old male who reported an injury due to a slip and fall on 04/26/2008. On 10/17/2014, his diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis unspecified, sprain of lumbar region, intervertebral disc disorder with myelopathy, unspecified region, low back pain with sciatica, unspecified laterality, and disc disease L4-S1. His complaints included increasing back pain radiating down both legs, greater on the right side than the left, rated as 9/10. A review of an MRI from 12/06/2008 revealed mild disc desiccation with a 3 to 4 mm central and slightly right sided disc protrusion noted at L4-5 which indents the ventral aspect of the thecal sac. No nerve root compression was identified. Also, there was disc desiccation with a 2 mm central disc protrusion noted at the L5-S1 level without thecal sac or nerve root compression. His medications included Norco 10/325 mg and omeprazole 40 mg. There was no rationale included in this injured worker's chart. A Request for Authorization for the MRI only, dated 09/08/2014, was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=878064ef-6a81-4999-8902-9da151e9c22d5.3>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for omeprazole 40 mg #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify a frequency of administration. Therefore, this request for omeprazole 40 mg #30 is not medically necessary.

**Lumbar MRI repeat r/o HNP worsening radiculopathy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG/MRI lumbar

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs.

**Decision rationale:** The request for lumbar MRI repeat r/o HNP worsening radiculopathy is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began, and therefore has no temporal association with the symptoms. The Official Disability Guidelines recommend that MRIs for uncomplicated low back pain with radiculopathy is not recommended until after at least 1 month of conservative therapy, which includes a self-performed exercise program as an extension of prior physical therapy that includes ongoing back strengthening and flexibility exercises, as well as aerobic exercises, and recommended drug therapies, which includes trials of antidepressants and/or anticonvulsants in conjunction with analgesics. There was no evidence submitted in the documentation that this injured worker had been participating in a home exercise program as an extension of prior physical therapy treatments. There was no evidence of failed trials of antidepressants and/or anticonvulsants. The clinical information submitted failed to meet the evidence based guidelines for MRI. Therefore, this request for Lumbar MRI repeat r/o HNP worsening radiculopathy is not medically necessary.

