

<b>Case Number:</b>	CM14-0023855		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/05/2004
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 58-year-old male with a reported date of injury on 11/05/2004. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain that is constant, severe pain and radiates down to the left leg. The injured worker also indicated that there is numbness and tingling down the left leg into the toes. The injured worker rated his pain at 9/10 without medication. The lumbar MRI dated 01/23/2014 revealed diffuse discogenic degenerative disease, moderate at L4-5 and L5-S1, and moderate bilateral neural foraminal narrowing at L4-5. Within the clinical documentation provided for review, the physician indicates that the injured worker is not attending physical therapy. The injured worker's diagnoses included musculoligamentous sprain, lumbar spine, with lower extremity radiculitis, disc protrusion L2-3 and L5-S1, disc bulges at L1-2, L3-4, L4-5, and L5-S1, and left L5-S1 radiculopathy. The Request for Authorization for lumbar epidural injection, ketoprofen #60 x5 refills, Omeprazole #30 x5 refills, and acupuncture (x16) was submitted on 02/25/2014. The rationale for the request for acupuncture was to decrease pain and increase range of motion and strength. The rationale for the others requests is not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. There is a lack of documentation related to the injured worker's functional deficits, to include range of motion values. In addition, the MRI scan of the lumbar spine did not show nerve impingement or compression. There is no EMG or NCV study within the documentation available for review. In addition, the request as submitted failed to provide the nerve root or interlaminar level at which the lumbar epidural injection would be utilized. The documentation also does not include the use of ultrasound or live x-ray in the administration of the epidural injection. Therefore, the request for LUMBAR EPIDURAL INJECTION is non-certified.

**KETOPROFEN #60 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In addition, the guidelines state that NSAIDs for the use of chronic low back pain are recommended as an option for short term, symptomatic relief. There is inconsistent evidence for the use of NSAIDs to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to the injured worker's utilization of physical therapy. In addition, the request as submitted failed to provide frequency, dosage, and directions for use of ketoprofen. Therefore, the request for KETOPROFEN #60 X 5 REFILLS is non-certified.

**OMEPRAZOLE #30 WITH 5 REFILLS:** 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 & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended with precaution in injured workers who are at risk for gastrointestinal events. To determine if the injured worker is at risk for gastrointestinal events documentation should include that the injured worker is over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose multiple NSAID use. The guidelines note injured workers at risk for gastrointestinal events are recommended an NSAID with either a proton pump inhibitor or a COX-2 selective agent. Long term PPI use has been shown to increase the risk of hip fracture. According to the clinical information provided for review, the injured worker has been utilizing ketoprofen and Omeprazole. There is a lack of documentation related to the addition of Omeprazole to the injured worker's medication regimen. The clinical information provided for review lacks documentation of the therapeutic benefit of Omeprazole. In addition, the request as submitted failed to provide a frequency, dosage, and directions for use of Omeprazole. Therefore, the request for OMEPRAZOLE #30 X 5 REFILLS is non-certified.

**ACUPUNCTURE (X 16): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used in addition to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The guidelines state that the time to produce functional improvements with acupuncture is 3 treatments to 6 treatments with a frequency of 1 time to 3 times per week. The optimum duration of acupuncture is 1 month to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined. The clinical information provided for review lacks documentation related to previous physical therapy and the functional benefit of previous physical therapy. The clinical information lacks documentation of the injured worker's functional deficits. There is also a lack of documentation related to the injured worker's pain medication being reduced or not tolerated, and/or the additional use of physical therapy along with the acupuncture treatments. In addition, the request for 16 acupuncture treatments exceeds the recommended guidelines of 3 treatments to 6 treatments. In addition, the request as submitted failed to provide frequency, location, and duration of acupuncture treatments. Therefore, the request for ACUPUNCTURE (X 16) is non-certified.