

<b>Case Number:</b>	CM14-0027523		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/26/2005
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 50 year old male with a date of injury on 5/26/2005. Diagnoses include lumbar disc displacement without myelopathy, brachial neuritis, thoracic and lumbar neuritis, medial epicondylitis, enthesopathy of the wrist, elbow/forearm sprain, and sprain of the neck. Subjective complaints are of low back pain with radiation into the left leg. Lumbar MRI from 6/27/12 showed disc protrusion at L3-4, and L4-5. Physical exam showed lumbar tenderness, decreased range of motion, positive straight leg raise on the left, and positive Lasegue's test on the left. There was hyperesthesia over the left calf. Electrodiagnostic studies from 2010 showed mild left sural and saphenous nerve demyelination and acute left L5-S1 radiculopathy. Medications include Gabapentin, Tizanidine, Hydrocodone, Oxycodone, Bupropion and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Standing MRI (magnetic resonance imaging) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation). The ODG also states that MRI's are the test of choice for patients with prior back surgery. For this patient there is not documented evidence of progressive neurological deficits or worsening symptom, red flag symptoms, or significant objective findings or exam. Furthermore, prior MRI had been performed, and there are not acute changes in symptoms since that exam. Therefore, the request for a Lumbar MRI is not medically necessary.

**Prilosec 20mg, 1 tab by mouth twice a day, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs.

**Decision rationale:** According to California MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and there is not documentation of ongoing gastric complaints, or GI risk factors. Therefore, the medical necessity of Omeprazole is not established

**Docusate Sodium 250mg, 1 tab by mouth twice a day, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation FDA: Colace and [www.drugs.com](http://www.drugs.com).

**Decision rationale:** CA MTUS recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records indicate that the patient uses Colace to help relieve constipation. FDA prescribing information indicates that Colace is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. This patient is on chronic opioid therapy and is using Colace to prevent constipation. Therefore, the use of Colace is consistent with guideline recommendations, and the medical necessity is established.