

Case Number:	CM14-0057505		
Date Assigned:	07/09/2014	Date of Injury:	07/14/2008
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56 year old female who had a work related injury on 07/14/08. There was no documentation of the mechanism of injury. The injured worker has been treated with cortisone injections which gave her moderate pain relief, trigger point injections which provided excellent pain relief. She has been to physical therapy. She performs an exercise program and uses a Transcutaneous Electrical Nerve Stimulation (TENS) unit regularly which provides her with moderate pain relief. She has undergone SI joint injections which did give her relief of symptoms. There is tenderness to palpation of the lumbar paraspinal muscles and right sacroiliac joint. Lumbar range of motion is restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Right sacroiliac provocative maneuvers including Gaenslen's, Yeoman's, pressure at the sacral sulcus, and Patrick's maneuver were all positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski and Hoffman signs are absent bilaterally. Muscle strength is 5/5 in all limbs. The remainder of the examination is unchanged from previous visits. Diagnoses are positive diagnostic left sacroiliac joint injection, bilateral sacroiliac joint pain, positive right joint diagnostic injection 90% relief positive left diagnostic sacroiliac joint injection 80% relief lumbar facet pain, lumbar facet joint arthropathy, central disc bulge at L4-5, and lumbar sprain/strain. After reviewing all the documents submitted for review, there is no documentation of gastrointestinal problems or documentation that the injured worker is at risk for developing gastrointestinal problems. There is also no functional improvement documented or visual analog scale (VAS) scores with and without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection L5-S1 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, epidural steroid injections.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per the MTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As such, Lumbar Epidural Injection L5-S1 is not medically necessary.

Omeprazole DR 20mg capsules Qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines - Online version, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, Omeprazole DR 20mg capsules are not medically necessary.

Norco 10mg/325mg tablets Qty:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: The current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such, Norco 10mg/325mg is not medically necessary.