

<b>Case Number:</b>	CM14-0063116		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 50-year-old male who reported an injury on 04/26/2011. The diagnoses include cervical myoligamentous injury, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, bilateral carpal tunnel syndrome, status post left carpal tunnel release, and status post arthroscopic surgery left shoulder. Previous treatments included medication and epidural steroid injections. Prior diagnostic testing included an MRI and an EMG. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of pain in the lower back radiating down to both lower extremities. She rated her pain 7/10 in severity. Upon the physical examination, the provider noted tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and suboccipital region. The range of motion of the cervical spine was flexion at 30 degrees and extension at 30 degrees. The provider noted deep tendon reflexes were 2+ bilaterally. Motor strength was noted to be 5/5. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the lumbar paravertebral musculature and sciatic notch region. The injured worker had trigger points and taut band with tenderness to palpation. The range of motion was noted to be flexion of 45 degrees and extension at 50 degrees. The provider noted the injured worker underwent a lumbar epidural steroid injection at L4-5 bilaterally on 01/30/2014, which provided at least 60% relief with improved mobility and activity tolerance. The request submitted is for Protonix, Prilosec, Anaprox, second diagnostic lumbar epidural steroid injection, and followup with neurosurgeon. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker had a history of peptic ulcer or gastrointestinal bleed. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the quantity and frequency of the medication. Therefore, the request is not medically necessary and appropriate.

**Prilosec 20mg:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker had a history of peptic ulcer or gastrointestinal bleed. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the

quantity and frequency of the medication. Therefore, the request is not medically necessary and appropriate.

**Second Diagnostic Lumbar Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by the physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. The request submitted failed to provide the levels of injections a provider is recommending the patient to undergo. There is a lack of documentation indicating the injured worker had a decrease in use of medication with the previous injection. There is a lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary and appropriate.

**Follow up with neurosurgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127 re: Independent Medical Examinations and Consultations.

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

**Decision rationale:** The ACOEM Guidelines state physician flareups can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. There is a lack of significant documentation indicating the provider recommended the injured worker to be released to modified, increased, or full duty work. The provider's rationale for the request was not provided. The medical necessity was not warranted for the request. Therefore, the request is not medically necessary and appropriate.