

Case Number:	CM14-0067141		
Date Assigned:	07/11/2014	Date of Injury:	03/25/1999
Decision Date:	09/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 74-year-old female who was reportedly injured on 25 March 1999. The mechanism of injury was listed in these records reviewed. The most recent progress note dated April 25, 2014, indicated that there were ongoing complaints of low back pain radiating to the left leg and stomach pain. The physical examination demonstrated tenderness along the thoracic and lumbar spine paraspinal muscles with spasms. There was decreased lumbar spine range of motion and decreased sensation at the L5 dermatome bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left sided L4-L5 discectomy and a lumbar spine epidural steroid injection. A request was made for an MRI of the lumbar spine with gadolinium, Norco and omeprazole and was denied in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the appeal dated May 12, 2014, the injured employee's low back pain was stated to continue to be disabling. However, there is no mention of any change or worsening red flag findings with the injured worker's subjective complaints or objective physical examination findings. Considering this, a repeat magnetic resonance image of the lumbar spine with gadolinium is not medically necessary and appropriate.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: According to an appeal dated May 12, 2014, the injured worker's usage of Norco has resulted in decreased pain and allows the the injured employee to be more productive and functional. Considering this, the request for Norco is medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. The appeal dated May 12, 2014, also does not state that there is a gastrointestinal disorder but rather that omeprazole has been prescribed any prophylactic measure. Therefore, this request for Prilosec is not medically necessary and appropriate.