

Case Number:	CM14-0088491		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2006
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 60 year old female who sustained work related injuries on 03/01/06 when she was attempting to transfer a patient resulting in slip and fall with the patient falling on top of her. She had a history of chronic low back pain left greater than right with radiation into the lower extremities. She had worsening low back pain extending into the lateral and posterior aspects of the ankles and into the bottom of the feet. She reported that her left leg sometimes gave out. She previously underwent lumbar epidural steroid injections which were reported to have worsened her conditions and physical therapy. She was stable on her medication profile including diclofenac two times per day. Lyrica 75mg three times a day for neuropathic pain and Lidoderm patches she was currently off work due to a separate injury to her hand on physical examination she had absent Achilles reflexes bilaterally and sensory loss and was unable to heel toe walk with the right foot. The record included reports from a medical evaluator who validated the presence of sensory loss. She underwent electromyography on 02/26/13 which identified bilateral L5 and left S1 radiculopathy. Utilization review determination dated 05/29/14 non-certified the medications omeprazole 20mg #30 with five refills, Lyrica 75mg #90 with five refills and diclofenac sodium 75mg #60 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Omeprazole 20mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for omeprazole 20mg #30 with five refills is not supported as medically necessary. Review of the clinical records indicates that the injured worker has low back pain with objective findings of radiculopathy. While the records indicate that the injured worker has been on oral medications for an extended period of time there is no reference in the clinical record to establish the presence of medication induced gastritis for which this medication would be indicated as such the medical necessity for this medication is not established.

Retrospective: Lyrica 75mg #90 with 5 refills: Overturned

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 Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Lyrica 75mg #90 with five refills is recommended as medically necessary. The submitted clinical records indicate that the injured worker has objective findings of lumbar radiculopathy and electromyogram/nerve conduction velocity evidence supporting this. As such the medication Lyrica 75mg #90 would be clinically indicated to treat neuropathic pain and is therefore medically necessary.

Retrospective: Diclofenac Sodium 75mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for diclofenac sodium 75mg #60 with five refills is recommended as medically necessary. The submitted clinical records indicate that the injured worker received substantive benefit from this non-steroidal anti-inflammatory medication. She had chronic degenerative changes on imaging studies and there is documented benefit noted in the clinical record. As such the medical necessity is established and for the continuation of this medication.