

Case Number:	CM14-0207967		
Date Assigned:	12/19/2014	Date of Injury:	10/20/2009
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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 Occupational Medicine and is licensed to practice in California. 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 59-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 10/20/2009. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity. Physical examination showed tenderness over the left greater trochanter and normal motor strength of the left lower extremity. Sensation was diminished at the left anterior lateral thigh and anterior shin. Straight leg raise test was mildly positive on the left. FABER maneuver was negative. The rationale for the MRI of the lumbar spine is due to worsening of the patient's symptoms. Treatment to date has included L4-L5 TLIF in 2013, aqua therapy, and medications such as Norco, Percocet, Flexeril and omeprazole (since at least August 2014). The utilization review from 12/2/2014 denied the request for lumbar MRI because of limited documentation of significant progression of symptoms in the lumbar spine; denied cyclobenzaprine 7.2 mg, #60 tabs TID prn because of no evidence of muscle spasms, cramping or trigger points to require the medication; and denied omeprazole 20mg, #60 because of no evidence of gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Magnetic Resonance Imaging (MRI): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating to the left lower extremity. Physical examination showed tenderness over the left greater trochanter and normal motor strength of the left lower extremity. Sensation was diminished at the left anterior lateral thigh and anterior shin. Straight leg raise test was mildly positive on the left. FABER maneuver was negative. The patient is status post L4-L5 TLIF in 2013. The rationale for the MRI of the lumbar spine is due to worsening of the patient's symptoms. Signs of radiculopathy are likewise evident on physical exam. The medical necessity has been established. Therefore, the request for MRI of the lumbar spine is medically necessary.

Cyclobenzaprine 7.5mg, 60 tabs to be taken up to 3 times a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since at least August 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination likewise failed to show evidence of muscle spasm. Therefore, the request for Cyclobenzaprine 7.5mg, 60 tabs to be taken up to 3 times a day as needed is not medically necessary.

Omeprazole 20mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since at least August 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, the patient does not have any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20mg, #60 is not medically necessary.