

Case Number:	CM15-0108028		
Date Assigned:	06/12/2015	Date of Injury:	11/25/2013
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 38 year old male who sustained an industrial injury on 11/25/2013. Mechanism of injury occurred in work as a laboratory technician while polishing some big metal rings; he felt lower back pain and had pain down his right leg, and right "drop foot". Diagnoses include status post microdiscectomy, annular tear of 5mm at L5-S1 per Magnetic Resonance Imaging dated 12/24/2014, and mild facet arthropathy of L4-L5 and L5-S1 per Magnetic Resonance Imaging dated 12/24/2014. Treatment to date has included diagnostic studies, status post L4-L5 microdiscectomy, medications, and physical therapy and activity restrictions. He is not working. A physician progress note dated 04/29/2015 documents the injured worker has continued low back pain which he rates as 6-7 out of 10. He also is complaining of pain radiating to his right hip that is worsening. He has more strength in his legs from his physical therapy. He ambulates with a slow antalgic gait and uses a cane. His pain is better with medications and rest. He takes Norco that helps his pain from 7-8 to a 3-4 on the pain scale which allows him to ambulate for 40 minutes as opposed to 20 minutes without stopping secondary to pain. The injured worker has been on Norco since at least November of 2014. He is on Prilosec for gastrointestinal upset. There is documentation that he was ordered Neurontin on 04/33/2015. On examination he has decreased range of motion in all planes. He has decreased strength and sensations on the right 4/5 at L5 only, normal at L4 and S1. He has tenderness of the right hip to the greater trochanter as well at the iliac crest. He has a positive Patrick's sign and decreased strength at 4/5 with flexion, abduction, internal rotation and external rotation. The treatment plan includes additional physical therapy, a follow up with the spine surgeon, a Magnetic Resonance Imaging of the right hip to rule out any internal derangement, and a Magnetic Resonance Imaging of the lumbar spine. The custom orthotics are requested in an attempt to help with his gait pattern

and help control with his lower back pain and to prevent further dysfunctions. Also a urine drug test with the next visit. Treatment requested is for Bilateral Custom Orthotics, Norco tablet 10/325mg #90, and Prilosec 20mg. #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Orthotic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral custom orthotics are not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are status post right microdiscectomy L4/L5; annular tear of 5 mm at L5 - S1 MRI; and mild facet arthropathy L4 - L5 and L5 - S1 for MRI. The injured worker has ongoing low back pain 6-7/10. Objectively, there is decreased range of motion of the lumbar spine with a decrease in motor strength 4/5 at L5. The documentation does not contain a clinical indication or rationale for orthotics. Orthotics are not indicated for back pain. Orthotics are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. The injured worker has neither diagnosis. Consequently, absent guideline recommendations with a clinical indication and rational orthotics, bilateral custom orthotics are not medically necessary.

Norco tablet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate

use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post right microdiscectomy L4/L5; annular tear of 5 mm at L5 - S1 per MRI; and mild facet arthropathy L4 - L5 and L5 - S1 per MRI. The injured worker has ongoing low back pain 6-7/10. Objectively, there is decreased range of motion of the lumbar spine with a decrease in motor strength 4/5 at L5. The documentation shows Norco 10/325 mg first appeared in the progress note dated October 2014. The start date is not specified in the medical record. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments in the medical record. There are no risk assessments in medical record. There is no documentation showing an attempt to wean Norco. Consequently, absent clinical documentation with objective functional improvement, detailed pain assessments, risk assessments and attempted opiate weaning, Norco 10/325mg # 90 is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are status post right microdiscectomy L4/L5; annular tear of 5 mm at L5 - S1 per MRI; and mild facet arthropathy L4 - L5 and L5 - S1 per MRI. The injured worker has ongoing low back pain 6-7/10. Objectively, there is decreased range of motion of the lumbar spine with a decrease in motor strength 4/5 at L5. Documentation shows Prilosec was first started January 16, 2015. There are no comorbid conditions or past medical history consisting of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The worker is not currently taking any nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale in the medical record for Prilosec. Consequently, absent clinical documentation with a clinical indication and rationale for Prilosec 20mg #30 is not medically necessary.