

Case Number:	CM15-0016450		
Date Assigned:	02/04/2015	Date of Injury:	05/05/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 43 year old male sustained an industrial injury on 5/5/12, with subsequent ongoing low back pain. Magnetic resonance imaging showed status post laminotomy and facetectomy at L4-5 with possible recurrence of left disc protrusion and effacement of thecal sac impinging on the left L5 nerve root. In a PR-2 dated 1/13/15, the physician noted that the injured worker continued to have significant radicular pain affecting his tolerance for activities of daily living. The injured worker rated his pain at 6/10 on the visual analog scale. Physical exam was remarkable for a slow but normal gait, tenderness to palpation to the lumbar spine and paraspinals with mild spasms, mildly decreased sensation to the posterior thigh and positive straight leg raise test bilaterally. Current diagnoses included lumbago, lumbar disc displacement and lumbosacral neuritis. Work status was modified duty. The treatment plan included a course of Prednisone, continuing medications (Norco, Flexeril and Gabapentin) and continuing home exercise. On 1/20/15, Utilization Review noncertified a request for Omeprazole 20 mg, thirty count and Prednisone 10 mg, 37 count citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10 mg, 37 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Oral corticosteroids.

Decision rationale: The injured worker sustained a work related injury on 5/5/12. The medical records provided indicate the diagnosis of lumbago, lumbar disc displacement and lumbosacral neuritis. Treatments have included Prednisone, Norco, Flexeril and Gabapentin and continuing home exercise. The medical records provided for review do not indicate a medical necessity for Prednisone 10 mg, 37 count. The Official Disability Guidelines recommends against the use of corticosteroids for treatment of chronic pain except for Polymyalgia rheumatic.

Omeprazole 20 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal) Symptoms and Cardiovascular Risk Section.

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

Decision rationale: The injured worker sustained a work related injury on 5/5/12. The medical records provided indicate the diagnosis of lumbago, lumbar disc displacement and lumbosacral neuritis. Treatments have included Prednisone, Norco, Flexeril and Gabapentin and continuing home exercise. The medical records provided for review do not indicate a medical necessity for Omeprazole 20 mg, thirty counts. The MTUS recommends the use of proton pump inhibitors for individuals on NSAIDs with the following: 1) age greater than 65 years; (2) history of peptic ulcer, Gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin and corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID e.g., NSAID and low-dose Aspirin.