

Case Number:	CM15-0018894		
Date Assigned:	02/06/2015	Date of Injury:	04/11/2006
Decision Date:	04/09/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 4/11/2006. The diagnoses have included sciatica. Treatment to date has included conservative measures. Currently, the injured worker complains of low back pain with radiation down the left leg. The progress report, dated 12/30/2014, referenced magnetic resonance imaging (6/28/2014) evidence of left L4-5 paracentral herniated pulposus and lateral recess stenosis. Physical exam showed loss of lumbar lordosis and left lumbosacral tenderness. Motor and sensory exams of the lower extremities were normal. Straight leg raise test was positive in the supine position. Medications included anti-inflammatories and Omeprazole was used to combat gastritis. On 1/22/2015, Utilization Review non-certified a request for Omeprazole 20mg #120, and non-certified a request for Prednisone Dosepak 5mg #21, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #120: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with unrated lower back pain which radiates into the left lower extremity. The patient's date of injury is 04/11/06. Patient is status post undated lumbar ESI at a level unspecified and status post undated trigger point injections to the lumbar spine at levels unspecified. The request is for OMEPRAZOLE 20MG #20. The RFA was not provided. Physical examination dated 12/30/14 notes continued loss of lumbar lordosis and loss of range of motion and positive supine straight leg raise test bilaterally. Neurological examination finds otherwise normal function and sensation. The patient's current medication regimen was not provided, though it is suggested that the patient is taking opioids and unspecified anti-inflammatories. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Omeprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. There is no documentation that this patient has taken Omeprazole in the past or documented efficacy. However, progress notes provided do not include a current complete list of this patient's current medications or GI upset stemming from NSAID utilization. Therefore, the request IS NOT medically necessary.

Prednisone Dosepack 5mg, #21: 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 Low Back chapter, under Corticosteroids.

Decision rationale: The patient presents with unrated lower back pain which radiates into the left lower extremity. The patient's date of injury is 04/11/06. Patient is status post undated lumbar ESI at a level unspecified and status post undated trigger point injections to the lumbar spine at levels unspecified. The request is for PREDNISON DOSE PACK 5MG #21. The RFA was not provided. Physical examination dated 12/30/14 notes continued loss of lumbar lordosis and loss of range of motion and positive supine straight leg raise test bilaterally. Neurological examination finds otherwise normal function and sensation. The patient's current medication regimen was not provided, though it is suggested that the patient is taking opioids and unspecified anti-inflammatories. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Guidelines, Low Back chapter, under Corticosteroids -oral/parenteral/IM for low back pain recommends, Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use. In regards to the request for Prednisone for the treatment of this patient's chronic lower back pain, this

medication is not supported by guidelines for this patient's condition. There is no documentation that this patient has received oral corticosteroids in the past. While this patient presents with significant chronic lower back pain and radiculopathy, there is no indication that there are any acute injuries or exacerbations in this patient's condition, which would warrant Prednisone. ODG does not support oral corticosteroids for chronic pain owing to the risk of adverse effects. Therefore, the request IS NOT medically necessary. In regards to the request for Prednisone for the treatment of this patient's chronic lower back pain, this medication is not supported by guidelines for this patient's condition. There is no documentation that this patient has received oral corticosteroids in the past. While this patient presents with significant chronic lower back pain and radiculopathy, there is no indication that there are any acute injuries or exacerbations in this patient's condition which would warrant Prednisone. ODG does not support oral corticosteroids for chronic pain owing to the risk of adverse effects. Therefore, the request IS NOT medically necessary.