

Case Number:	CM15-0137652		
Date Assigned:	07/27/2015	Date of Injury:	01/10/2015
Decision Date:	09/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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, Pain Management

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 62 year old male, who sustained an industrial injury on January 10, 2015. He reported that while lifting a heavy piece of metal he felt something move in his lower back. The injured worker was diagnosed as having left lumbar sprain-strain and left lumbar radiculopathy. Treatments and evaluations to date have included x-rays, MRI, and medication. Currently, the injured worker reports moderate low back pain which radiates to the buttocks. The Treating Physician's report dated June 26, 2015, noted the injured worker reported his pain had improved since the previous visit, taking ibuprofen to help with the inflammation. The injured worker was noted to like to proceed with a lumbar epidural steroid injection (ESI) that had been recommended. Physical examination was noted to show tenderness to palpation at L5 and S1 on the left side with positive straight leg raise on the left. The treatment plan was noted to include starting Tylenol with Codeine #3, Prilosec, and Mobic, and a request for authorization for a lumbar epidural steroid injection (ESI). The injured worker was noted to be working with modified restrictions. Notes indicate that a urine toxicology test was consistent. Tylenol # 3 was recommended to be started for pain. The patient is returning to work with moderate restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #30 dispensed on 6/26/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Events (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is taking anti-inflammatory medication on a consistent basis. This would place the patient in a high risk category for G.I. side effects and complications. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Tylenol #3 #27 dispensed on 6/26/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that this medicine was recently initiated. The patient is noted to have moderate pain with functional deficits which have not completely resolved with NSAID medications. Therefore, the initiation of an opiate pain medication is reasonable. Of course, ongoing use will require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested Tylenol #3 is medically necessary.

Lumbar epidural steroid injection & consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection & consultation, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with

corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection & consultation is not medically necessary.