

Case Number:	CM15-0140381		
Date Assigned:	07/30/2015	Date of Injury:	03/06/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 43 year old female, who sustained an industrial injury on March 6, 2014. Treatment to date has included MRI of the lumbar spine, EMG-NCV of the bilateral lower extremities, lumbar epidural steroid injections, trigger point injections, NSAIDS, chiropractic therapy, physical therapy, and pain medications. A May 13, 2015 evaluation revealed the injured worker had continued low back pain with radiation of pain into her left lower extremity. She reported the pain was aggravated with bending, twisting, and turning. A series of two lumbar epidural steroid injections did not provide significant benefit. The evaluating physician noted that the injured worker does receive at least three weeks benefit from trigger point injections, which enable her to sleep better. She reported neck pain with radiation of pain into the right upper extremity. She reported associated numbness and weakness in the right hand. On physical examination, the injured worker had decreased range of motion of the lumbar spine in all directions. A sensory examination was decreased along the posterolateral thigh and lateral calf in the left lower extremity. A straight leg raise test was positive on the left lower extremity. An MRI of the lumbar spine on July 24, 2014 revealed left disc protrusions at L4-S1 and L4-L5, bilateral neural foraminal stenosis on the bilateral L5 nerve roots and slipped discs in L3-L4 and L4-L5. The diagnoses associated with the request include lumbar herniated nucleus pulposus with left lower extremity radiculopathy and medication-induced gastritis. The treatment plan included administration of four trigger point injections, Prilosec, Norco, Anaprox, Neurontin and Benadryl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, Lumbar, Qty 4 (retrospective DOS 5/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.

Prilosec 20 mg Qty 60 (retrospective DOS 5/13/15): Upheld

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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs) and Other Medical Treatment Guidelines Gastroenterol Hepatol (NY). 2008 May; 4 (5): 322, 325; www.drugs.com, www.accessdata.fda.gov.

Decision rationale: Regarding the request for omeprazole (Prilosec 20 mg Qty 60), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Studies show long term use of this medication has serious side effects. In addition this medication is not indicated for long term use. Its use for the treatment of stomach issues is approved once daily for up to 8 weeks. Guidelines state that in general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Within the documentation available for review, there is no indication that the patient has a risk for gastrointestinal events with NSAID use, or another indication for this medication. In addition, use of this medication is indicated only for up to 8 weeks and once a day. In light of the above issues, the currently requested omeprazole (Prilosec 20 mg Qty 60) is not medically necessary.