

<b>Case Number:</b>	CM15-0191183		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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:

The injured worker is a 65 year old male with an industrial injury dated 05-31-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease. In a progress report dated 06-23-2015, the injured worker reported back pain. The injured worker reported a recurrence of pain in the back while bending over at home. Physical exam (06-23-2015) revealed mild to moderate paraspinal tenderness and moderately diminished range of motion with pain on forward flexion. The injured worker denied pain or paresthesia radiating distally and any problems with bowel or bladder. According to the progress note dated 08-07-2015, the injured worker reported intermittent lower back pain with radiation to his back and to his neck. Current pain level was not provided in report (08-07-2015). Objective findings (08-07-2015) revealed tenderness in the lumbosacral region and diminished sensation in the left L5 and S1 dermatomes. The treating physician reported that the MRI of the lumbar spine dated 08-28-2014 revealed disc desiccation that was moderately severe at L3-4 and L5-S1 and 5mm disc protrusion at L3-4 and a 3-4 millimeter central disc protrusion at L5-S1. Treatment has included prescribed medications, physical therapy, work modifications and periodic follow up visits. The treatment plan included trail of lumbar epidural steroid injection (ESI) and medication management. The treating physician prescribed services for Zantac 150 MG #30 and outpatient lumbar epidural steroid injection (ESI) bilateral L3-4 and L5- S1. The utilization review dated 08-28-2015, non-certified the request for Zantac 150 MG #30 and modified the request for outpatient lumbar epidural steroid injection (ESI) bilateral at L5- S1 (original: L3-4 and L5-S1).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Zantac 150 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Medscape ranitidine (Rx) <http://reference.medscape.com/drug/zantac-ranitidine-342003#0>.

**Decision rationale:** The injured worker sustained a work related injury on 05-31-2014. The medical records provided indicate the diagnosis of lumbar degenerative disc disease. Treatments have included medications, physical therapy, work modifications and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Zantac 150 MG #30. The MTUS recommends gastric protection with proton pump inhibitors when an individual at risk of gastrointestinal event is being treated with NSAIDs. The records indicate the injured worker is has a risk factor for gastrointestinal event based on the age; nevertheless, this medication is not medically necessary since it is an H2-receptor antagonist rather than the recommended proton pump inhibitors.

### **Outpatient Lumbar ESI Bilateral L3-4 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 05-31-2014. The medical records provided indicate the diagnosis of lumbar degenerative disc disease. Treatments have included medications, physical therapy, work modifications and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Outpatient Lumbar ESI Bilateral L3-4 and L5-S1. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The medical records indicate the sensory abnormality is left sided in the L5-S1 dermatome, but the request is for bilateral ESI of L3-4 and L5-S1; therefore the requested treatment is not medically necessary because clinical documentation of radiculopathy does not corroborate with the imaging findings in all the requested areas.