

<b>Case Number:</b>	CM15-0193951		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 42-year-old male who sustained an industrial injury on 10-7-2011. Diagnoses have included unspecified internal derangement of the knee and displacement of lumbar intervertebral disc without myelopathy. Documented treatment includes physical therapy and medication including Tramadol, Venlafaxine, and Omeprazole which was dispensed at 8-25-2015 the visit quoting MTUS guidelines as rationale. He had been taking Trazodone which gave him side effects. On 4-16-2013 he had a lumbar epidural steroid injection which is noted to have provided "some improvement, but without resolution of pain." On 7-14-2015 the injured worker continues to report increasing back, chest, neck, right knee, and shoulder pain, and says he has been unable to sleep in his left side. He states that left knee pain radiates to the left testicle, and includes tingling, numbness and weakness in the left leg with muscle pain and "pins and needles" sensation. The pain is noted to be constant and characterized as severe and radiating from the knee to the low back. Activity and movement is noted to increase his pain. The treating physician's plan of care includes an epidural steroid injection at L5-S1 and a retrospective request for Omeprazole 20 mg #60 dispensed on 8-25-2015. Both were denied on 9-19-2015. The physician states the injured worker has "not been able to return to work."

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Epidural steroid injection L5-S1: 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 (ODG) Low back/epidural steroid injections.

**Decision rationale:** This worker had a previous epidural steroid injection on 4/16/13 from which he had good improvement. According to the progress note 7/15/15 note he was experiencing tingling, numbness and weakness in the left leg as well as muscle pain and pins and needles sensation. On exam he had diminished sensation L4-5 dermatome. Straight leg test was positive on the left. The progress note of 8/25/15 note included no subjective or objective component. The diagnoses included displacement of lumbar intervertebral disc without myelopathy. According to the ODG criteria for a lumbar epidural steroid injection, "radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing". There is no report of these studies in the available documentation to confirm this. Furthermore, repeat epidural steroid injections require documentation of functional response to the initial injection. There is no documentation in the available record of functional improvement in response to the first injection. Therefore this request is not medically necessary.

## **Retrospective Omeprazole 20mg #60 dispensed 08/25/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS, proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age > 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Neither was there any other condition documented for which omeprazole may be indicated. Therefore, omeprazole is not medically necessary.