

Case Number:	CM15-0198497		
Date Assigned:	10/13/2015	Date of Injury:	06/14/2011
Decision Date:	12/17/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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, 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:

This is a 68 year old male with a date of injury on 6-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and multiple orthopedic injuries. Progress report dated 7-10-15 reports severe burning pain affecting the lower extremities. He completed acupuncture which provided temporary benefit. He reports chiropractic treatments failed to help. Currently he has complaints of pain over the cervical and lumbar spine with lumbar spine pain. The pain is aggravated by bending or twisting, walking and standing. He states the pain travels over the buttocks and posterior lateral thighs and extends down the posteriolateral calf down to the foot with numbness and tingling. The pain is described as electric burning behind both thighs. He also has complaints of pain in the left shoulder. The pain is rated 6-7 out of 10 with medications and 9 out of 10 without medications. Meloxicam is helpful in reducing severe pain. Treatments include: medication, physical therapy, acupuncture, pain management, psychotherapy for depression and anxiety. Request for authorization dated 9-18-15 was made for Meloxicam 15 mg quantity 30, omeprazole 20 mg quantity 30, bilateral L5-S1 transforaminal epidural steroid injection and transportation. Utilization review dated 9-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: MTUS 2009 states that NSAIDs should be used for the shortest duration and the lowest dose possible. Patients considered a candidate for transforaminal epidural steroid injections due to poorly controlled pain. The patient reportedly has functional improvement due to the medication use but additional interventions are requested due to lack of efficacy. This request for ongoing NSAID use does not adhere to MTUS 2009 since it recommends against the sustained use of NSAIDs. End organ damage to liver and kidney as well as cardiovascular disease are considered significant issues. Based upon the lack of efficacy and MTUS 2009 reports of significant kidney and cardiovascular damage secondary to ongoing NSAID use, this request for meloxicam is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS 2009 states that proton pump inhibitors such as omeprazole are an option to treat individuals who are prescribed NSAIDs with an intermediate history of gastrointestinal events. Omeprazole is also indicated to treat gastroesophageal reflux disease. The patient is reportedly diagnosed with gastroesophageal reflux disease, however there is no documentation of an evaluation or diagnostic studies to support the diagnosis. The patient does not have a history of gastrointestinal events. Furthermore the Meloxicam is not medically necessary. This request for Omeprazole does not adhere to MTUS 2009 recommendations. Additionally, the medication also reportedly causes symptoms. Therefore the Omeprazole is not medically necessary.

Bilateral L5-S1 Transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: MTUS 2009 states that the epidural steroid injections are an option in individuals with radicular symptoms with corresponding anatomic findings. This patient reportedly has radicular symptoms on the right and left side. However imaging studies only reveal nerve root contact on the right side. This is a request for right and left L5/S1 transforaminal epidural steroid injection's. The imaging studies only support epidural steroid injections on the right side. Therefore this request for right and left L5/S1 transforaminal epidural straight injections is not medically necessary.

Transportation: 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
https://www.bcbsnc.com/assets/services/public/pdfs/bluemedicare/medicalpolicy/ambulance_transport.pdf.

Decision rationale: MTUS 2009 and ODG do not address transportation for medical conditions. However, [REDACTED] have specific guidelines. The patient must be confined to bed and transporting to a skilled nursing facility or hospital. The explanation provided by the requesting physician is that the patient may have weakness in the leg after the procedure. This is not justification for transfer using a medical vehicle according to the referenced guideline. Therefore, this request for transportation is not medically necessary.