

Case Number:	CM15-0206447		
Date Assigned:	10/23/2015	Date of Injury:	12/31/2014
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina, Georgia
 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 36-year-old male, who sustained an industrial injury on 12-31-2014. He has reported injury to the low back. The diagnoses have included chronic low back pain; radiculitis bilateral lower extremities-neuropathic pain; and degenerative disc disease with facet arthrosis lumbar spine. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and lumbar epidural steroid injection. Medications have included Percocet, Ibuprofen, Nortriptyline, and Tizanidine. In a progress note, dated 06-23-2015, the provider noted that with "MRI findings of disc herniation, and documented radiculopathy, EMG (electromyography) confirmed L5 nerve root bilaterally; he is a candidate for lumbar epidural injections". A progress report from the treating physician, dated 09-08-2015, documented a follow-up visit with the injured worker. The injured worker reported moderate to severe lower back pain with increasing weakness in his lower extremities with numbness and tingling; his symptoms are aggravated with prolonged sitting, standing, and walking; and he gets some relief with rest and medications. Objective findings included gait is antalgic; positive tenderness in the paralumbar musculature; positive muscle spasming in the paralumbar musculature; lumbar range of motion is decreased with forward flexion and extension with pain; and positive straight leg raise in the bilateral lower extremities. The provider noted that the injured worker would be refilled Diclofenac and Omeprazole "as they are giving him some functional improvement, pain relief, and gastric relief". The treatment plan has included the request for lumbar epidural steroid injection (ESI); Diclofenac; and Omeprazole. The original utilization review, dated 09-25-2015,

non-certified the request for lumbar epidural steroid injection (ESI); Diclofenac; and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI): Upheld

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

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

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, ESI was approved within the previous 2 months but no documentation of degree of response or duration of response to that injection is reported. As such, a new epidural steroid injection is not medically indicated.

Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac.

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

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for diclofenac does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as the dose and any objective response to its use is not recorded. Diclofenac is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and omeprazole. Therefore, the request is not medically necessary.