

Case Number:	CM15-0209638		
Date Assigned:	10/28/2015	Date of Injury:	12/31/2013
Decision Date:	12/09/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury 12-31-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain-strain with radiculopathy. Medical records (09-29-15) reveal the injured worker complains of low back pain with occasional radiation to both buttocks. The pain is not rated. The physical exam (09-29-15) reveals increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level at L5-S2 facets a right greater sciatic notch. Muscle spasms are also noted. There is no documentation of the gastrointestinal system or mention of any complaint of gastrointestinal symptoms by the injured worker. Prior treatment includes home exercises, and medications including omeprazole. The original utilization review (10-19-15) non certified the request for a lumbar back brace and omeprazole 20mg #60. The documentation supports that the injured worker was prescribed omeprazole on 03-31-15 and 09-29-15 for relief of stomach upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar back brace: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in December 2013 when she tripped over a telephone cord twisting her body and landing in a seated position. She had low back pain with lower extremity radiating symptoms. Treatments have included physical therapy and medications with temporary relief. She has secondary anxiety, stress, and depression and has difficulty sleeping. She has a past medical history of elevated cholesterol and osteoporosis. When seen in September 2015 she was having continued intermittent moderate low back pain with occasional radiating symptoms. She was waiting for approval for a lumbar epidural injection. Physical examination findings included lumbar tenderness with spasms, increased muscle tone, and tenderness. There was right greater sciatic notch tenderness. Authorization for the lumbar spine brace was requested. Nabumetone, cyclobenzaprine, and omeprazole was prescribed. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.

Omeprazole 20mg #60: 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 rationale: The claimant sustained a work injury in December 2013 when she tripped over a telephone cord twisting her body and landing in a seated position. She had low back pain with lower extremity radiating symptoms. Treatments have included physical therapy and medications with temporary relief. She has secondary anxiety, stress, and depression and has difficulty sleeping. She has a past medical history of elevated cholesterol and osteoporosis. Medications have included ibuprofen and naproxen. When seen in September 2015 she was having continued intermittent moderate low back pain with occasional radiating symptoms. She was waiting for approval for a lumbar epidural injection. Physical examination findings included lumbar tenderness with spasms, increased muscle tone, and tenderness. There was right greater sciatic notch tenderness. Authorization for the lumbar spine brace was requested. Nabumetone, cyclobenzaprine, and omeprazole was prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not medically necessary.