

Case Number:	CM15-0028124		
Date Assigned:	02/20/2015	Date of Injury:	03/11/2013
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/16/2015

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

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 41 year old male, who sustained an industrial injury on March 11, 2013. He has reported a low back pain with numbness and tingling into the right leg. His diagnoses include lumbar discogenic disease, lumbar radiculopathy, and chronic low back pain. He has been treated with x-rays, activity modifications, back support, epidural steroid injections, physical therapy, prolonged rest, chiropractic care, urine drug testing, and medications including op and topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On November 6, 2014, he underwent a lumbar epidural steroid injection with 50% improvement in pain. There is no record of recent MRI. On February 3, 2015, his treating physician reports chronic low back pain and left lower extremity radicular pain. His pain was worse, because he was without his medications. The physical exam revealed a positive left straight leg raise, tenderness to palpation of the left lumbar facet joints at L4-S1, restricted and painful lumbar range of motion, tenderness over the left lumbar paraspinal musculature, and a negative Waddell. On February 16, 2015, the injured worker submitted an application for IMR for review 1 prescription for Prilosec 20mg #60, 1 prescription for Norco 10/325mg #120, and a request for 2 lumbar epidural steroid injections at bilateral lumbar 4-lumbar 5. The rationale for the non-certification of Prilosec was not in the provided the provided Utilization Review determination. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited. The rationale and guidelines cited for the non-certification of Norco were not in the provided the provided Utilization Review determination. The epidural steroid injections were non-certified based on the lack of clinical findings that definitively demonstrate radiculopathy stemming from

lumbar 4-5. The guidelines cited for the non-certification of epidural steroid injections were not in the provided the provided Utilization Review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg, #60 is not medically necessary and appropriate.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent

severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg, #120 is not medically necessary and appropriate.

2 Lumbar Epidural Steroid Injections at Bilateral L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, repeat blocks should be 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The 2 Lumbar Epidural Steroid Injections at Bilateral L4-S1 is not medically necessary and appropriate.