MAXIMUS Federal Services

Case Number:	CM15-0218972		
Date Assigned:	11/10/2015	Date of Injury:	12/20/2014
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 12-20-2014. She has reported injury to the low back. The diagnoses have included lumbar strain with grade I retrolisthesis and disc protrusions. Treatment to date has included medications, diagnostics, activity modification, lumbar support, TENS (transcutaneous electrical nerve stimulation) unit, extracorporeal shockwave treatment, and physical therapy. Medications have included Naprosyn, Relafen, and Prilosec. A progress report from the treating physician, dated 09-17-2015, documented a follow-up visit with the injured worker. The injured worker reported intermittent low back pain, brought on with prolonged sitting and standing, prolonged stationary positions, such as in bed, requiring her to frequently change positions; increased pain at nighttime; the pain level on average during the past week is rated at 7 out of 10 in intensity; the pain level at its worst during the past week is rated at 9 out of 10 in intensity; she is no longer experiencing any lower extremity symptoms; and she does not use the TENS unit since it is not beneficial. Objective findings included she ambulates independently without the use of any external support or assistive device; she has no difficulty walking on her heels or toes; there is tenderness in both the mid to lower paralumbar region; range of motion of the spine reveals flexion range to 65 degrees, extension to 20 degrees, and side-bending to the right and left to 20 degrees; there is no objective radiculopathy based on negative sciatic stretch testing; and no distal sensory deficit is identified. The treatment plan has included the request for work conditioning 2x4, quantity 8; and Prilosec 20mg dispensed 09-17-2015, quantity 30. The original utilization review, dated 10-21-2015, non-certified the request for work conditioning 2x4, quantity 8; and Prilosec 20mg dispensed 09-17-2015, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning 2x4 Qty 8: 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): Work conditioning, work hardening.

Decision rationale: Work conditioning or hardening is recommended as an option but has several criteria which must be met. This injured worker does not meet all of the criteria. The worker is within the two year recommended time limit since the injury but the benefit at this point is unclear. Details of the job work conditions are not included. Her physical exam shows no radiculopathy or significant limitations and she is able to ambulate independently. The work conditioning program's medical necessity is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

Prilosec 20mg dispensed 09/17/2015 Qty 30: 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: Omeprazole (Prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, the requested treatment is not medically necessary.