

Case Number:	CM15-0031763		
Date Assigned:	02/25/2015	Date of Injury:	05/03/2014
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey

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 64 year old male, who sustained an industrial injury on 05/03/2014. He has reported subsequent back and low extremity pain and was diagnosed with chronic low back pain, right leg pain, herniation/disc lesions and myofascial pain/spasm. Treatment to date has included oral pain medication, acupuncture and physical therapy. In a progress note dated 01/08/2015, the injured worker complained of low back and leg pain rated as 7/10. Objective physical examination findings of the lumbar spine were notable for positive trigger points, paralumbar muscle spasms and positive straight leg raise. Requests for authorization of epidural steroid injection and Vimovo were made. On 01/19/2015, Utilization Review non-certified requests for right trans-foraminal epidural lumbar steroid injection at L4-L5 and L5-S1 and Vimovo, noting that there was no obvious anatomic nerve impingement at the L4-L5 or L5-S1 level and that there was no information of tried and failed first line proton pump inhibitor agents to support the use of Vimovo. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural (Lumbar Epidural Steroidal Injection) At L4-5 and L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. 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, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a series-of-three injection in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although there was signs suggestive of lumbar radiculopathy (decreased sensation of right post. leg), and subjective complains of leg pain, there was no MRI or nerve testing results available to corroborate these findings to be able to justify an epidural injection at both L4-5 and L5-S1 at the time of this request. Therefore, the epidural injection will be considered medically unnecessary.

Vimovo 375/20 MG BID #60 (Naproxen/Esomeprazole): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the

patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, although the worker had been using naproxen chronically for treating his chronic low back pain, there was no diagnosis which would justify long-term use of an NSAID, which has significant potential long-term risks. Also, although the worker reported stomach discomfort with the use of naproxen, there was insufficient evidence to suggest the worker was at an elevated gastrointestinal event risk to justify chronic daily use of omeprazole. Therefore, the Vimovo combination medication which includes naproxen and omeprazole does not appear to be appropriate and will be considered medically unnecessary, based on the documents provided.