

Case Number:	CM15-0080883		
Date Assigned:	05/01/2015	Date of Injury:	01/31/2005
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial/work injury on 01/31/2005. She reported initial complaints of low back pain. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medication and Lumbar epidural injection. MRI results were reported on 2/17/13. Currently, the injured worker complains of recurrent and worsening lower back and right leg pain with rating of 8/10. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed tenderness to palpation bilateral lumbar paraspinals, decreased sensation on left L5 distribution, and positive straight leg raise on the left. Current plan of care included medication and recommended a steroid epidural injection on the left. The requested treatments include Naproxen sodium 550 mg, Omeprazole 20 mg, and Transforaminal epidural steroid injection targeting left L4-L5 (L4 nerve root) and L5-S1 (L5 nerve root) as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on 01/31/2005 . The medical records provided indicate the diagnosis of thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medication and Lumbar epidural injection. The medical records provided for review do not indicate a medical necessity for: Naproxen sodium 550mg #60. The MTUS recommends the use of the lowest dose of the Non-steroidal anti-inflammatory drugs for the short term treatment of moderate to severe pain. When such medications are in use, the MTUS recommends monitoring the blood counts, liver and kidney functions regularly, due to the associated risks. There was no documentation of how long the injured worker has been on this medication, neither was there a documentation of the monitoring of blood counts; liver and kidney functions.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 01/31/2005. The medical records provided indicate the diagnosis of thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medication and Lumbar epidural injection. The medical records provided for review do not indicate a medical necessity for: Omeprazole 20mg #60. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at the risk of gastrointestinal events who are being treated with NSAIDs. The MTUS recommends against the use of proton pump inhibitors for more than one year due to the risk of hip fracture. The records do not indicate how long the injured worker has been on this medication; besides, the NSAID, Naproxen, has been determined not to be medically necessary.

Transforaminal epidural steroid injection targeting left L4-L5 (L4 nerve root) and L5-S1 (L5 nerve root) as an outpatient.: 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 (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 01/31/2005. The medical records provided indicate the diagnosis of thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medication and Lumbar epidural injection. The medical records

provided for review do not indicate a medical necessity for Transforaminal epidural steroid injection targeting left L4-L5 (L4 nerve root) and L5-S1 (L5 nerve root) as an outpatient. The MTUS recommends the use of epidural steroid injection in individuals who have failed treatment with other modalities and radiculopathy has been documented by physical examination and corroborated with imaging and or nerve studies. Repeat blocks are recommended if the previous block provided 50% or more pain reduction that lasted for 6-8 weeks. The medical records reviewed the injured worker improved following an injection at an unspecified level. There was no documentation of the degree and duration of improvement.