

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0232171 |                              |            |
| <b>Date Assigned:</b> | 12/07/2015   | <b>Date of Injury:</b>       | 01/18/2012 |
| <b>Decision Date:</b> | 01/14/2016   | <b>UR Denial Date:</b>       | 10/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2015 |

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 18, 2012. In a Utilization Review report dated November 28, 2015, the claims administrator failed to approve requests for prednisone and omeprazole. An October 21, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On said October 21, 2015 office visit, the applicant reported ongoing issues with neck, shoulder, and arm pain, 7 to 8/10. The applicant was apparently a candidate for cervical epidural steroid injection and/or cervical spine surgery, the treating provider reported. The applicant was placed off work, on total temporary disability. The treating provider contended that the claimant had "new-onset" left-sided radicular symptoms towards the bottom of the note. Tapering schedule of prednisone was suggested. Omeprazole and physical therapy were also endorsed. There was no mention, however, the applicant having issues with reflux, heartburn, and/or dyspepsia. On October 21, 2015 office visit, it was stated that the applicant had used Duexis at various at points in time. On November 19, 2015 office visit, it was suggested that the applicant had used Motrin and Duexis at various points over the course of the claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisone 10mg #38 (per 10/21/2015 order): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg. 136 Recommendation: Glucocorticosteroids for Acute Severe Radicular Pain Syndromes Glucocorticosteroids are recommended for treatment of acute severe radicular pain syndromes for purposes of obtaining a short term reduction in pain.

**Decision rationale:** Yes, the request for prednisone, an oral steroid was medically necessary, medically appropriate, and indicated here. The MTUS do not address the topic of oral corticosteroids for cervical radiculopathy, i.e., the diagnosis present here. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter notes that glucocorticosteroids are recommended in the treatment of acute severe radicular pain syndrome for purposes of obtaining a short-term reduction in pain. Here, the treating provider noted on the October 21, 2015 office visit at issue, the applicant had heightened, new-onset left-sided radicular pain complaints, 7-8/10. A tapering course of prednisone was, thus, indicated to ameliorate the same, as suggested by ACOEM. Therefore, the request was medically necessary.

**Omeprazole 20mg #14 (per 10/21/2015 order): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise medically necessary, medically appropriate, and indicated here. Page 68 of the MTUS Guidelines notes that applicants who are at heightened risk for development of adverse gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors such as omeprazole include individuals who are using NSAIDs in conjunction with corticosteroids. Here, the treating provider's documentation and progress notes of October 21, 2015 and November 19, 2015 did suggest that the applicant was using NSAID medications such as ibuprofen and/or Duexis in close temporal proximity with prednisone. Provision of omeprazole was, thus, indicated for cytoprotective effect purposes. Therefore, the request was medically necessary.