

Case Number:	CM15-0237780		
Date Assigned:	12/14/2015	Date of Injury:	03/11/2015
Decision Date:	01/22/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/06/2015

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: 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 50 year old male who sustained an industrial injury on 3-11-2015. Medical records indicate the injured worker is being treated for back pain, chronic pain syndrome, and muscle spasms. Per the treating physician's progress reports dated 10-8-2015 and 10-26-2015 the injured worker reports continued pain in his lower back, states it is like pressure and throbbing, and states his pain is tolerable today, 10-26-2015. The injured worker reported his pain level at 6 out of 10 on 10-26-2015 and 8 out of 10 on 10-8-2015 and that his medications work but his pain still comes back. The injured worker reports he uses TENS and heating pad twice a day and exercises and walks about 45 minutes to an hour and he sleeps about 7-8 hours a night. On physical exam, the treating physician reports the injured worker has low back pain and positive straight leg raise test and Faber's test. On physical exam 10-13-2015, the pain management treating physician reports the injured worker has an antalgic gait, he has lumbosacral paraspinal muscle spasm with tender areas over the bilateral lower lumbosacral facet joints, his back flexion and extension was about 20-30 percent and extension lateral rotation was painful. The treating physician reports on 10-26-2015 the injured worker is having his brace fitting today, he is to continue with his current regimen, Omeprazole is being refilled, Naproxen is be discontinued due to elevated blood pressure and the treating physician is requesting acupuncture. The MRI of the lumbar spine report dated 7-27-2015 showed straightening to reversal of the lumbar vertebral body relationship with a degree of musculoskeletal strain and there was no disc herniation, stenosis, or canal or nerve root compromise. Treatment to date for the injured worker includes TENS unit (reported helps a lot),

8 sessions of physical therapy (reported helps his pain), heating pad, home exercise program (reported helps to decrease the pain), Toradol intramuscular 60mg injection on 10-8-2015 (reported pain level improved from 8 out of 10 to 6 out of 10), and medications including Gabapentin 100mg, Naproxen 550mg, Omeprazole 20mg, and Flexeril 7.5mg (reported medications were 50-60 percent effective). A request for authorization was submitted on 10-26-2015 for physical therapy times 6 sessions, 1 Evergreen lumbar brace (large), and Omeprazole 20mg, quantity 60. The UR decision dated 11-4-2015 non-certified the requests for 1 Evergreen lumbar brace (large) and Omeprazole 20mg, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg, #60 (DOS 10/26/2015): Upheld

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: The patient was injured on 03/11/15 and presents with low back pain. The retrospective request is for Omeprazole 20 mg, #60 (DOS 10/26/2015). The RFA is dated 10/26/15 and the patient is to return to modified work duty. The patient has been taking this medication as early as 08/25/15. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with back pain, chronic pain syndrome, and muscle spasms. As of 10/26/15, the patient is taking Gabapentin and Naproxyn. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole is not medically necessary.

Retrospective request for one Evergreen lumbar brace (large) (DOS 10/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Lumbar supports.

Decision rationale: The patient was injured on 03/11/15 and presents with low back pain. The retrospective request is for one evergreen lumbar brace (large) (DOS 10/26/2015). The RFA is dated 10/26/15 and the patient is to return to modified work duty. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The patient has an antalgic gait, lumbosacral paraspinal muscle spasm with tender areas over the bilateral lower lumbosacral facet joints, and a limited lumbar spine range of motion. He is diagnosed with back pain, chronic pain syndrome, and muscle spasms. The reason for the request is not provided. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested lumbar brace is not medically necessary.