

Case Number:	CM14-0155340		
Date Assigned:	09/25/2014	Date of Injury:	04/03/2014
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 40 year old male who sustained a work injury on 4-3-14. The claimant has low back pain with radiation into the right leg and foot. Office visit on 9-8-14 notes the claimant reported heartburn with Prednisone, Flexeril and Ultram use. He was unable to tolerate Voltaren. On exam, the claimant has decreased lumbar range of motion, positive SLR on the right and tenderness to the lumbar and sacroiliac joint area. The claimant has been treated with medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI secondary effects Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. Medical records reflect the claimant reported heartburn with Prednisone, Flexeril and Ultram use. Prednisone is not a long term use medication. Therefore, he should no longer have GI effects since Prednisone should have been

tapered off by now. There is an absence in current literature to support PPI with the use of muscle relaxants and opioids. Therefore, the medical necessity of this request is not established.

1 lumbar epidural injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is an absence in documentation noting physical exam findings to support radiculopathy or that the claimant has pain that follows a particular dermatome. Therefore, the medical necessity of this request is not established.