

<b>Case Number:</b>	CM14-0143067		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 50 year old male sustained a work related injury on 03/24/2010. According to an office visit dated 04/09/2014, the injured worker's medication regimen included Omeprazole 20mg once per day for gastric protection. According to a progress report dated 06/04/2014, the injured worker had an epidural steroid injection on 03/26/2014. According to the provider, the injection worked 2.5 weeks. His hip pain still persisted. As of an office visit on 07/30/2014, the injured worker presented for a follow up for neck, mid-back and low back pain. The injured worker reported an increase in pain since his last visit. Hip pain still persisted. He utilized a cane to help with his balance. He was having increased leg complaints that extended to his ankle. He also reported a lot of pain in the bottom of his feet, right side being worse. Treatments to date included transforaminal epidural steroid injection, medial branch block, right sacroiliac joint injections, 24 rehabilitative chiropractic care and 3 sessions of acupuncture. Medications included Norco, Topamax, Prilosec, Naproxen, Flexeril and Lorazepam. The injured worker reported that medications helped to decrease his pain and increased his function. He denied side effects to the medications. On 08/19/2014, Utilization Review non-certified right L4 transforaminal epidural steroid injection, Cyclobenzaprine 7.5mg quantity 30 and Omeprazole 20 mg quantity 60. According to the Utilization Review physician, the epidural injection given on 03/26/2014 on provided two and a half weeks of relief, which does not satisfy guideline criteria for repeat injection. There was insufficient objective evidence of radiculopathy such as dermatomal sensation loss. CA MTUS Chronic Pain Treatment Guidelines was cited. In regards to Cyclobenzaprine, there was insufficient evidence contraindicating the use of nonsteroidal anti-

inflammatory medications for the injured worker's current condition. CA MTUS Chronic Pain Treatment Guidelines and ACOEM were cited. In regards to Omeprazole, there was no documentation of gastrointestinal distress symptoms. CA MTUS Chronic Pain Medical Treatment Guidelines was cited. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L4 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** Right L4 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to epidural steroid injections 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. 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. The documentation recommends a repeat right L4 epidural steroid injections for diagnostic and therapeutic reasons. The documentation indicates that the patient had a 2.5 week relief after the 3/26/14 L4 epidural steroid injection. This does not meet the MTUS Criteria for a repeat injection and therefore this request is not medically necessary.

**Cyclobenzaprine 7.5 mg, quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Cyclobenzaprine 7.5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There is documentation of this medication dating back to 1/15/14. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

**Omeprazole 20 mg, quantity 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): 68-69.

**Decision rationale:** Omeprazole 20 mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.