

Case Number:	CM14-0210315		
Date Assigned:	01/13/2015	Date of Injury:	01/22/2011
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Internal 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 patient is an injured worker with a history of lumbar back conditions. The date of injury was 01/22/11. The progress report documented November 20, 2014 the history of the injury. The patient was injured during the course of employment on January 22, 2011 while lifting a machine. As it turned, he felt a crack and pain in his low back. He subsequently developed a radicular discomfort. He had performed bilateral L4-5 lumbar microdiscectomy on June 20, 2011. The patient stated that his leg pain improved, but he had chronic discomfort in his low back. His imaging studies showed disc space narrowing at the L4-5 level with sacralization of L5. On October 28, 2013, he underwent an L4-5 decompression and instrumented fusion from a right-sided far lateral retroperitoneal approach. He was doing well overall but he continued to have low back and right thigh pain. He completed pool and land therapy with improvement. He continues to complain of severe low back and right thigh pain; however, he reports that his symptoms are slowly improving overall. He no longer requires the use of a walker and is now using a cane. He has completed updated nerve tests. There is no active or chronic denervation. On October 28, 2013, he underwent an L4-5 decompression and instrumented fusion from a right-sided far lateral retroperitoneal approach. He continued to have pain. He has completed pool and land therapy with improvement. He continues to complain of low back and right thigh pain; however, he reports that his symptoms are slowly improving overall. He no longer requires the use of a walker and is now using a cane. He has completed updated nerve tests. The patient denies fevers and chills. The patient is not allergic to any medications or latex. Medications included Percocet and Flexeril. The patient is status post lumbar spine L4-5 decompression and

instrumented fusion. The patient is a nonsmoker and occasionally drinks. Physical examination was documented. Extraocular movements are intact. Pupils are equal. He has no respiratory insufficiency. His incisions are healed. Range of motion is not assessed due to recent surgery. His reflexes at the knees and ankles are 1+. Sensation is grossly intact. Pulses are palpable. Nerve tests dated 9/18/14 demonstrated moderate right L5 and mild left L5 sensory nerve root dysfunction. Normal bilateral L2, L3, L4, and SI responses. No EMG electromyography evidence of bilateral lumbosacral radiculopathy with active or chronic denervation. No evidence of peripheral neuropathy. Normal bilateral L2, L3, L4, and SI responses. Normal peroneal motor and sensory and posterior tibial motor function at the ankle and across the fibular head. No evidence of peripheral neuropathy. Diagnoses were status post bilateral L4-5 microdiscectomy, low back pain, L4-5 disc space narrowing status post L4-5 decompression and instrumented fusion, and sacralization of L5. The treatment plan included Percocet and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Nexium 40 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records do not document gastrointestinal risk factors. The progress report dated November 20, 2014 does not document NSAID prescription. No gastrointestinal complaints or conditions are documented. Medical records do not provide support for the use of Nexium (Esomeprazole). The request for Nexium (Esomeprazole) is not supported by MTUS guidelines. Therefore, the request for Nexium 40 mg # 30 is not medically necessary.