

Case Number:	CM14-0217045		
Date Assigned:	01/06/2015	Date of Injury:	12/30/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The 58 year old male injured worker suffered and industrial injury on 12/30/2011. The details of the injury accident and treatments were not included in the documentation provided. Many provider notes were handwritten and illegible. The provider note of 8/12/2013 stated positive findings for thoracic or lumbosacral neuritis or radiculitis. The injured worker received electrical acupuncture on that date and at least 2 subsequent sessions. At the visit on 12/1/2014 the diagnoses that were checked on the progress note were myofascial syndrome, lumbar spine strain and bilateral lumbar radiculopathy. The injured worker was receiving Naprosyn 550 mg 2 x daily and Omeprazole 20 mg. The UR decision on 12/8/2014 denied the request for right lumbar4-5 injections as the documentation required radicular symptoms on exam that were correlated with imaging or electrodiagnostics along with failed conservative therapy. The omeprazole was denied as the dose of Naprosyn did not exceed 1250 mg a day which would make the injured worker at high risk for a gastrointestinal event. The injured worker was taking less than that at 1100mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity100: 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): 69.

Decision rationale: Omeprazole 20mg quantity 100 is not medically necessary per the MTUS guidelines. Per guidelines Omeprazole is not medically necessary as there is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders therefore Omeprazole 20mg quantity 100 is not medically necessary.

Epidural steroid injection at right L4, L5 and right S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Epidural steroid injection at right L4, L5 and right S1 is not medically necessary per the MTUS Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal objective electrodiagnostic studies or imaging studies that correlate with radiculopathy in the L4,L5,S1 right sided distribution therefore this request is not medically necessary.