

<b>Case Number:</b>	CM15-0011151		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Emergency 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 injured worker is a 59-year-old male who reported an injury on 08/15/2007 due to an unspecified mechanism of injury. On 01/05/2015, he presented for a follow-up evaluation. He stated that he was 9 months status post ALIF of the L5-S1 and a revision laminectomy of the L4-5. He reported persistent back pain with bilateral lower extremity radiation that was worsening. His medications included Norco 10/325 mg twice a day and an unspecified muscle relaxer. A physical examination of the low back showed a healed lumbar incision. There were muscle spasms palpable next to the spinous process with the injured worker lying prone. Range of motion was noted to be decreased due to pain and he was unable to extend past neutral. Motor strength was a 4/5 in the extensor hallucis longus and sensation was diminished over the left lateral calf but was noted to be improved. Achilles reflexes were at a 0+ and he had a positive straight leg raise bilaterally left greater than the right. He was diagnosed with spinal stenosis of the lumbar region, recurrent stenosis of the L4-5 and L5-S1, and status post ALIF. The treatment plan was for a follow-up evaluation with pain management specialist for the lumbar spine and omeprazole 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up evaluation with a pain management specialist (lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** The Official Disability Guidelines indicate that office visits should be individualized based upon a review of the injured worker's signs and symptoms, clinical stability and physical examination findings. The documentation provided does not state a clear rationale for the medical necessity of a follow-up evaluation with a pain medication specialist. It is unclear when the injured worker's last pain management evaluation was and without information regarding when his next visit was anticipated, the pain management evaluation would not be supported. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 11/21/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI risks Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker has dyspepsia secondary to NSAID therapy or that he is at high risk for gastrointestinal events. Also, the frequency of the medication was not stated within the request. Therefore, the request was not supported. As such, the request is not medically necessary.