

Case Number:	CM15-0013948		
Date Assigned:	02/02/2015	Date of Injury:	09/24/2012
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 09/24/2012. The mechanism of injury was a fall. The diagnoses include lumbar radicular pain and lumbar radiculopathy. Medications include diclofenac, Prilosec, and Xanax. Surgical history includes a caesarian section, hysterectomy, cholecystectomy, and right breast surgery. Diagnostic studies were not provided. Other therapies were not provided. The followup evaluation on 11/26/2014, noted the injured worker's back was pain was a 9/10 and described as spasming, aching, dropping, with numbness and tingling down both legs, right greater than left. Upon examination, lumbar flexion was decreased to 3 degrees, extension to less than 5 degrees, manual muscle testing of hip flexion 4/5 on the right, knee extension 4/5 on the right. There was tenderness to palpation along L4-5 spinous process, with radiation down right leg. There was a positive straight leg raise on the right. The treatment plan included scheduling an L5-S1 interlaminar epidural steroid injection, physical therapy and acupuncture, 2 to 3 times a week for 6 weeks for the lumbar spine, a psychological referral, and change gabapentin to Lyrica 75 mg, 1 tablet by mouth at bedtime #30 with 3 refills, and tizanidine 2 mg 1 tablet 3 times a day as needed for muscle spasms, as the injured worker was unable to take any nonsteroidal anti-inflammatories in anticipation of the epidural steroid injection. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60, dispensed on 11/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for diclofenac XR 100 mg #60 dispensed on 11/26/2014, is not supported. The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker was prescribed inflammation medication while waiting for the epidural steroid injection and the injection has not been approved. It was noted the injured worker tried to return to work but could not due to her severe pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Medical necessity has not been established, based on the provided documentation. As such, the request is not medically necessary.

Omeprazole 20mg, dispensed per 11/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

Decision rationale: The request for omeprazole 20 mg, dispensed per 11/26/2014, is not supported. The California MTUS Guidelines state that proton pump inhibitors are given for patients with GI symptoms and cardiovascular risk. They are also recommended for patients with peptic ulcers or GI bleeds. There was a lack of documentation that the injured worker has GI symptoms or cardiovascular risk. There is a lack of documentation indicating the injured worker had gastrointestinal bleeding, peptic ulcers, or perforation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for the NSAID was deemed not medically necessary. As such, the request for omeprazole 20 mg, dispensed per 11/26/2014, is not medically necessary.

