

Case Number:	CM15-0018486		
Date Assigned:	02/06/2015	Date of Injury:	09/27/2004
Decision Date:	03/30/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 27, 2004. In a Utilization Review Report dated January 1, 2015, the claims administrator failed to approve a request for trigger point injections, topical compounded medication, and omeprazole while apparently approving a knee corticosteroid injection. The claims administrator referenced a December 17, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone earlier right knee surgery. The applicant's attorney subsequently appealed. In a progress noted dated January 19, 2013, the applicant received a knee corticosteroid injection. The applicant's work status was not detailed. On January 14, 2015, the applicant reported multifocal pain complaints, including low back pain, neck pain, and mid back pain. The applicant also had issues with depression and knee pain. The applicant was using Vicodin, Colace, Prilosec, and the topical compounded gabapentin containing medication. Sleep disturbance was evident. The applicant reported gait disturbance secondary to pain, difficulty concentrating, and psychological stress all attributed to the applicant's current pain complaints. A rather proscriptive 20-pound lifting restriction was endorsed. On December 17, 2014, the applicant was again given the same, seemingly unchanged rather proscriptive 10-pound lifting limitation. On December 17, 2014, the attending provider posited that the applicant was working as a cook at a homeless shelter on a part time basis, reportedly affected and/or achieved as a result of ongoing medication consumption. The applicant was using Norco for pain relief. The applicant's review of systems was negative for issues of dysphagia, heartburn, or nausea.

Topical compounds and work restrictions were endorsed, along with lumbar trigger point injections. The applicant was however, given a diagnosis of L5 lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 lumbar trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: No, the request for three lumbar trigger point injections was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was/is present here. The applicant's primary operative diagnosis suggested reportedly lumbar radiculitis which is not, per the page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, an indication for trigger point injection therapy. Therefore, the request was not medically necessary.

1 prescription for compound cream with Diclofenac 10% and Gabapentin 6%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9.

Decision rationale: Similarly, the diclofenac-gabapentin topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 115 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 prescription of Omeprazole 20mg #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): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the applicant explicitly denied any issues with reflux, heartburn, and/or dyspepsia, on the December 17, 2014 progress note on which omeprazole was endorsed. Therefore, the request is not medically necessary.