

Case Number:	CM15-0120428		
Date Assigned:	07/07/2015	Date of Injury:	12/31/2014
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 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 36 year old male who sustained an industrial injury on 12/31/2014. Current diagnoses include low back pain, radiculitis bilateral lower extremity, and degenerative disc disease with facet arthrosis lumbar spine. Previous treatments included medications and physical therapy. Previous diagnostic studies include an electrodiagnostic study dated 05/18/2015 and lumbar spine MRI dated 05/14/2015. Report dated 05/14/2015 noted that the injured worker presented with complaints that included worsening lumbar spine pain with increasing radicular pain down the lower extremities. Pain level was not included. Physical examination was positive for tenderness in the paralumbar musculature, muscle spasms in the paralumbar musculature, pain with full flexion, pain with extension, and positive straight leg raise bilaterally. The treatment plan included referring for a pain management consultation, request for facet injections versus epidural injection x 2 to relieve intractable pain and radiculitis, the injured worker is indicated for an inversion table to relieve symptoms, prescribed and dispensed Diclofenac XR for inflammation and omeprazole to reduce non-steroidal anti-inflammatory drugs (NSAIDs) gastritis prophylaxis, and follow up in one month. The injured worker is temporarily totally disabled as of 05/19/2015. Report dated 05/26/2015 from the pain management specialist notes that the injured worker presented with complaints of chronic low back pain with radiating pain down both legs and associated numbness and tingling. Current medication regimen included intermittent Diclofenac, Nortriptyline, and Tizanidine. It was noted that in the past Flexeril and Nortriptyline have helped with the numbness and tingling. Pain level was 7-8 out of 10 on the visual analog scale (VAS). Treatment plan included offering the injured

worker an L5-S1 interlaminar epidural steroid injection, prescribed Nortriptyline and gabapentin, and follow up in one month. Disputed treatments include Omeprazole, facet injections, and Diclofenac XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of NSAID's. Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided did not indicate that the injured worker had gastrointestinal complaints, nor did it indicate that the injured worker had cardiovascular disease. There was not abdominal examination documented. The request does not include dosing or frequency. Therefore the request for Omeprazole is not medically necessary.

Facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Back: Facet joint injections.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic study if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of quality studies to support its use. The chart does not include the states purpose or intentions of this procedure. Without this, the request for facet injections is not medically necessary.

Diclofenac: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The medical records submitted supports that the injured worker has been prescribed Diclofenac for chronic low back pain not for an acute exacerbation of chronic low back. Report from the pain management specialist indicated that the injured worker is taking Diclofenac intermittently, and not as it is prescribed. The request does not include dosing or frequency. Therefore, the request for Diclofenac is not medically necessary.