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| Case Number: | CM15-0121615 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 04/13/2012 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 52 year old male, who sustained an industrial injury on 04/13/2012. The injured worker is currently off work. The injured worker is currently diagnosed as having thoracic or lumbosacral neuritis, lumbar disc displacement, lumbago, shoulder joint pain, and rotator cuff sprain. Treatment and diagnostics to date has included home exercise program, successful lumbar radiofrequency ablations, psychotherapy, acupuncture, physical therapy, lumbar spine MRI which showed disc protrusions, and medications. In a progress note dated 05/18/2015, the injured worker presented with complaints of shooting pain in his lower extremities when he coughs or sneezes, shooting pain in the front and back of legs, severe low back pain stating his radiofrequency ablation is wearing off, and left shoulder pain. The injured worker noted his pain as 6-8 out of 10 on the pain scale without medications and notes that with flare ups it goes up to a 10. It is noted that Hysingla is too strong for him and Lorzone makes him very drowsy. He was taken off the Hysingla and advised to take Lorzone at bedtime and as needed. Objective findings included tenderness to left shoulder with painful range of motion, restricted range of motion to lumbar spine with positive FABER (Flexion, Abduction and External Rotation) test, and facets and paraspinals are very painful on palpation with spasms. The treating physician reported requesting authorization for bilateral lumbar epidural steroid injection, Lorzone, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L1-L2 and L3-L4 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Medical, Physical Examination, General Approach, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - ESI.

Decision rationale: Per ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Per MTUS guidelines recommended epidural steroid injections (ESI) as an option for treatment of radicular pain. Criteria for ESI are that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no documentation of a radiculopathy on clinical exam nor on EMG/NCV. This request is not medically necessary and reasonable.

Lorzone (unknown dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit show in combination with NSAID's". The reviewed medical records show that the injured worker has a history of low back pain, currently on Motrin (NSAID) and has been taking Lorzone twice daily prior to his visit on 05/18/2015. Therefore, the request for Lorzone is not medically necessary.

Prilosec 20mg (unknown qty): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Prilosec is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker is less than 65 years of age and even though there is concurrent NSAID usage (Motrin 800mg twice daily), there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec is not medically necessary.