

Case Number:	CM13-0015552		
Date Assigned:	10/09/2013	Date of Injury:	01/06/2009
Decision Date:	01/15/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 01/06/2009. The reference diagnosis is 724.4, lumbosacral radiculitis. An initial physician review in this case notes that the patient is a 51-year-old man who was initially injured while pushing a machine. The patient is status post L5-S1 laminectomy and decompression on 05/18/2011. The patient has reported ongoing chronic pain, and spinal cord stimulation has been considered. The prior physician review notes that there is documentation that this patient has been prescribed several narcotic medications and that it is critical that one physician manage the pain medication and that overall the records did not document benefit from the patient's opioid treatment. That review notes that the patient does not clearly have defined gastric symptoms to support continued use of Prilosec and that Soma and Bio-Therm are not supported as medically necessary by the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 dispensed 7/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on carisoprodol (Soma), page 29, states, "Not recommended. This medication is not indicated for long-term use....Abuse has been noted for sedative and relaxant effects...Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs...as a combination with hydrocodone, an effect that some abusers claim is similar to heroine." The medical records do not provide an alternate rationale for utilizing this medication on a chronic basis or particularly in combination with opioid prescriptions as is currently prescribed. The records and guidelines do not support an indication for Soma. This medication is not medically necessary.

Anexsia 7,5/325mg #120 dispensed 7/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, recommends, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records in this case do not support an ongoing indication or benefit to support the continued use of this medication. The records do not document the four domains of opioid management, nor do the records indicate dose titration of opioids based on specific functional goals. This request is not medically necessary.

Prilosec 20mg #120 dispensed 7/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state, "Determine if the patient is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple NSAIDs." The medical records do not clearly document these or other indications for ongoing gastrointestinal prophylaxis. The request for Prilosec is not medically necessary.

Bio-therm 4oz dispensed 7/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not provide an indication or rationale as to why Bio-Therm would be indicated in this case or the mechanism of action of its component ingredients. This request is not medically necessary.