

Case Number:	CM13-0032508		
Date Assigned:	12/11/2013	Date of Injury:	04/05/2002
Decision Date:	01/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 patient is a 55 year old female who reported an injury on April 05, 2002. The mechanism of injury was a fall. The clinical documentation dated January 31, 2013 stated that the patient complained of pain to the neck, upper back and lower back. The patient had x-rays, MRI and upper and lower extremity electrodiagnostic studies. The patient was recommended physical modalities and medication. The physical examination showed low back tenderness to palpation L1-5, radiating pain to the left lower extremity with numbness and tingling, decreased sensation to L5 dermatome, absent patellar tendon reflex to left lower extremity and positive Straight leg raise 30 degrees left lower extremity. The patient was diagnosed with status post lumbar fusion September 26, 2005, cervical spine disc rupture with radiculopathy, thoracic spine strain, status post cervical spine fusion 09/02 and status post cervical spine surgery October 17, 2011. The patient was being treated with medication. The clinical documentation dated April 03, 2013 stated still complained of pain to neck and low back. The physical examination noted good motor strength bilateral upper and lower extremities, no weakness, sensory normal to touch, and normal gait. The patient continued to be treated with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Section Page(s): 127.

Decision rationale: The California MTUS does recommend proton-pump inhibitors for GI upset with the treatment of chronic pain if the patient is taking an NSAID and has no risk for cardiovascular disease. The clinical documentation submitted for review does not indicate that the patient is taking an NSAID. The clinical documentation does indicate the patient stated she has a history of IBS. Therefore, the clinical documentation does not meet the recommended guidelines. As such, the request is non-certified.

Soma 350mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Section Page(s): 63-65.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines do not recommend Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. The clinical documentation submitted for review and dated 04/03/2013 indicated the patient was taking Soma but does not indicate how long the patient was prescribed the medication. As the guidelines recommend this medication be taken for no longer than a 2 to 3 week period, the clinical documentation does not meet the recommended guidelines. As such, the request is non-certified.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD TWC Guidelines WEB, Knee and Leg, Back (Acute and Chronic)

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

Decision rationale: The ODG recommended transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review gave no indication that the patient was unable to drive. The clinical documentation stated that the patient had good motor strength in bilateral upper and lower extremities. Therefore, the clinical documentation submitted for review does not meet the recommended guidelines. As such, the request is non-certified.

Urine Drug Screen, date of service August 20, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation: dependence and addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 89.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines recommend urine drug screens. Urine drug screen may be required with long-term users of opioids typically once every 6 months to a year. The clinical documentation submitted for review does not indicate the need for a Urine Drug Screen. The clinical documentation submitted showed that the patient's last urine drug screen indicated the patient is compliant with the medication. As such, the request is not certified.