

Case Number:	CM13-0044897		
Date Assigned:	05/07/2014	Date of Injury:	09/21/2011
Decision Date:	06/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Emergency Medicine, 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 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/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:

Patient with reported date of injury on September 21, 2011. There is no mechanism of injury provided. Patient has a diagnosis of lumbar myoligamentous injury with discopathy at L4-5 with annular fissure and central and R foramina narrowing; Bilateral lower extremity radiculopathy; cervical myoligamentous injury with cervicogenic headaches and R sided radicular symptoms and anxiety/depression. Multiple medical reports from primary treating physician and consultants reviewed. Last report available until October 18, 2013. The patient complains of neck and low back pain. Pain is 10/10 and is exacerbated by bending, twisting and turning. Objective exam reveals patient in mild distress, cervical spine has tenderness to posterior musculature, trapezius, medial scapular and sub occipital region. Multiple trigger points and taut bands. Range of motion (ROM) of cervical spine is decreased. Neurological and motor assessment is normal. Mild decreased sensation to posterior lateral arm and forearm of R arm. Lumbar spine exam reveals normal stance, tenderness throughout entire lumbar paraspinal musculature and sciatic notch region. Trigger points and taut bands with tenderness to palpation. ROM of lumbar spine is decreased. Mild L leg weakness with ankle extension and great toe extension. Mild decreased sensation to posterior lateral thigh and lateral calf of L side. Positive L sided leg raise. EMG (electromyography, on November 2, 2012) reveals L L5 radiculopathy as well as bilateral carpal tunnel syndrome. Recent MRI of cervical and lumbar was done but report was not provided. Prior MRI on May 24, 2012, reveals C6-7 2mm disc protrusion and L4-5 disc desiccation with annular tear and 3mm disc bulge and moderate central canal stenosis, facet arthropathy. Patient is on MS Contin, norco, anaprox, Fexmid, dedracin topical. Patient has completed physical therapy and spinal injections with minimal improvement. Report on October 18, 2013 claims that Fexmid and Soma are the only medications that "helps her function."

Utilization review is for Prilosec 20mg #60, Fexmid 7.5mg #60 and Soma 350mg. Prior UR on October 8, 2013 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG, TWICE DAILY ORALLY, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms And Cardiovascular.

Decision rationale: Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Anaprox. According to the Chronic Pain Medical Treatment Guidelines,, a PPI may be considered if patient is high risk for gastrointestinal events or have signs of dyspepsia. Despite the primary treating physician's documentation that the prescription was rejected for certification on report on October 18, 2013, the physician still has not bothered to document any medical necessity for a PPI. Patient does not meet criteria for high risk and there is no report of dyspepsia anywhere on the medical record. The request for Prilosec 20 mg, twice daily orally, sixty count, is not medically necessary or appropriate.

FEXMID 7.5 MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Fexmid is cyclobenzaprine(also known as flexeril), a muscle relaxant. Pt is reportedly already on this medication. According to the Chronic Pain Medical Treatment Guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has reported muscle spasms that does not improve with Fexmid but with soma. The request for Fexmid 7.5 mg, sixty count, is not medically necessary or appropriate.

SOMA 350MG, ONE TO TWO TIMES DAILY, ORALLY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: Soma is Carisoprodol, a muscle relaxant. According to the Chronic Pain Medical Treatment Guidelines, it is not recommended. It has significant side effects, is addictive and appears to function mostly as a sedative. Primary treating physician's note on October 18, 2013 claims that soma is the only muscle relaxant that helps the patient's muscle spasms. Despite that statement, the risk of this bad drug does not outweigh any benefit gained from supposedly improvement in muscle spasms. The request for Soma 350mg, one to two times daily, orally, as needed, is not medically necessary or appropriate.