

Case Number:	CM13-0055839		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2007
Decision Date:	05/20/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and 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 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:

The underlying date of injury in this case is 10/24/2007. On 10/31/2013, the patient was seen in pain medicine reevaluation regarding lumbar radiculopathy, myalgia/myositis, chronic pain, diabetes, and medication-related dyspepsia. The patient reported low back pain radiating to the right lower extremity to the level of the foot with the extremity pain associated with temperature changes. Although medication-related dyspepsia was among the diagnoses, an interval history indicated that the patient was tolerating medications. The treatment plan included Neurontin for neuropathic pain as well as Mobic as a long-acting nonsteroidal anti-inflammatory medication for pain and inflammation. On 12/12/2013, the patient was again seen in pain medicine reevaluation and recommendations were made again for Mobic and Neurontin. I am unable to locate current prescriptions or a discussion in the medical records regarding Carisoprodol, Flector Patch, or Omeprazole. Records from the prior treating physician of 01/05/2012 discuss a prescription for Omeprazole at that time as well as the muscle relaxant, Cyclobenzaprine and the topical medication, Ketoprofen with menthol, which were provided as a 30-day supply to the patient. An initial physician review in this case discusses a prescription from 12/06/2013 for Omeprazole, Flector Patches, and Carisoprodol. This physician review notes that there is no documentation of an increase in function or other indication for Carisoprodol and notes that a Flector Patch has not been demonstrated to be efficacious in this current setting and also indicates that there is no evidence that this patient is at increased risk for GI bleed despite indication for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on Carisoprodol (Soma), states that this medication is not indicated for long-term use and that there is a significant risk of abuse, particularly with other medications. The medical records in this case do not provide a rationale for use of this medication in contrast to the guidelines. The request for Carisoprodol is not medically necessary and appropriate.

FLECTOR PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on topical analgesics, states that the efficacy of topical anti-inflammatory medications has been inconsistent and most of these studies are small and of short duration. Neither the medical guidelines nor the medical records contain a significant discussion to explain a rationale for efficacy of a Flector Patch in this clinical situation. This request for Flector Patch is not medically necessary and appropriate.

OMEPRAZOLE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommends that the clinician should determine if the patient is at risk for gastrointestinal events. There is a brief discussion in the medical records apparently regarding medication-induced gastritis, but there is no clear indication of what medication caused such upset or how long the patient has been on Omeprazole or what its efficacy may be or a risk versus benefit analysis of the underlying medication requiring gastrointestinal prophylaxis. Overall, the medical records do not contain

sufficient information to support the necessity of Omeprazole. The request for Omeprazole is not medically necessary and appropriate.