

Case Number:	CM13-0059371		
Date Assigned:	06/09/2014	Date of Injury:	01/26/2011
Decision Date:	08/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational 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:

This is a 57-year-old male with a 1/26/01 date of injury. The mechanism of injury was not provided for review. In a 10/2/13 progress note, the patient complained of neck pain that radiated to the left upper extremities, low back pain that radiated to the bilateral lower extremities, upper extremity pain bilaterally in the shoulders on the left in the arm and lower extremity pain in the right knee. The patient reported his pain as 10/10 in intensity without medications and 8/10 intensity with medications. Objective findings: Spinal vertebral tenderness, tenderness to palpation in the bilateral paravertebral area, tenderness upon palpation bilaterally in the paravertebral area L3-S1 levels, pain was significantly increased with flexion and extension, tenderness in right knee. Diagnostic impression: Lumbar disc degeneration, Failed back surgery syndrome, Lumbar post laminectomy syndrome, Status post lumbar spine fusion, Chronic pain, Medication related dyspepsia, Vitamin D deficiency. Treatment to date: medication management, activity modification A UR decision dated 11/11/13 denied the requests for Pantoprazole, Vitamin D, and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20 MG, 1 TABLET PO QD, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Pantoprazole (Protonix)).

Decision rationale: The ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. It is noted in a 7/10/13 progress note that Protonix is being prescribed to limit gastro-intestinal adverse effects related to chronic medication use including NSAIDs. However, there is no documentation in the reports reviewed that the patient is currently on an NSAID. Furthermore, there is no documentation that the patient has had a trial of a first-line agent such as Omeprazole or Lansoprazole. Therefore, the request is not medically necessary and appropriate.

VITAMIN D 2000 IU 3 TABLETS PO QD #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/condition/vitamin-d-insufficiency.html>.

Decision rationale: Vitamin D insufficiency classically manifests as bone disease, either rickets or osteomalacia. The patient was documented to have a vitamin D deficiency. However, no lab results were provided in the reports reviewed to determine if the patient is truly in need of vitamin D replacement. There is no rationale as to why Vitamin D supplementation is necessary in this patient due to the lack of information provided. As such, the request is not medically necessary and appropriate.

CARISOPRODOL 350 MG 1 TABLET PO BID PRN FOR SPASMS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been on Soma since at least 10/3/12, if not earlier. In addition, according to the progress notes reviewed, the patient is also taking the

opiate, Norco. The combination of Soma and Norco can increase the risk of adverse effects, such as sedation. A specific rationale identifying why Soma would be required in this patient despite lack of guideline support was not provided. As such, the request is not medically necessary and appropriate.