

Case Number:	CM13-0068136		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2004
Decision Date:	08/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/19/2013

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:

According to the records made available for review, this is a 45-year-old male with a January 28, 2004 date of injury, and status post L4/L5 laminectomy and discectomy in January 2007. At the time of request for authorization for Soma 350mg #60 and Prilosec 20mg #30, there is documentation of subjective (low back pain that extends in a band across the lower portion of the lumbar spine and radiates down the posterior aspect of the right lower extremity to the foot with numbness in right foot and along lateral aspect of right leg) and objective (antalgic gait, marked tenderness to midline of lower lumbar spine over lumbar scar, lumbar flexion 90 degrees, extension 15 degrees, bilateral lateral flexion 15 degrees, and bilateral lateral rotation 50 degrees, 5/5 muscle strength of bilateral upper extremities, 4-5/5 muscle strength of right lower extremity, 5/5 muscle strength of left lower extremity, and normal sensation to light touch in bilateral upper and lower extremities) findings, current diagnoses (lumbar post laminectomy syndrome and lumbar degenerative disc disease), and treatment to date (medications (including ongoing treatment with Soma since at least July 13, 2012, Prilosec, Methadone, Norco, and Lyrica with ability to continue working with medications)). Regarding Soma 350mg #60, there is no documentation of acute muscle spasms and the intention to treat over a short course. Regarding, Prilosec 20mg #30, there is no documentation of risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74 TO 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome and lumbar degenerative disc disease. In addition, given documentation patient is able to continue working due to medications, there is documentation of functional benefit and improvement as a reduction in work restrictions as a result of Soma use to date. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol/Soma since at least July 13, 2012, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg sixty count is not medically necessary or appropriate.

Prilosec 20 mg thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAIDs NSAIDs (non-steroidal anti-inflammatory drugs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of

diagnoses of lumbar post laminectomy syndrome and lumbar degenerative disc disease. However, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg thirty count is not medically necessary or appropriate.