

Case Number:	CM14-0005489		
Date Assigned:	02/05/2014	Date of Injury:	01/26/2001
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 56 year old male with an injury reported on January 26, 2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated October 02, 2013, reported that the injured worker complained of neck pain that radiated to the left upper extremities, low back pain that radiated to the bilateral lower extremities, and upper extremity pain bilaterally in the shoulders. The physical examination findings reported spinal vertebral tenderness to C4-7 and L3-S1. The injured worker's prescribed medications included carisoprodol, pantoprazole, vitamin D, zolpidem, Ms Contin, and Norco. The injured worker's diagnoses included lumbar disc degeneration; failed back surgery syndrome lumbar; lumbar post laminectomy syndrome; status post fusion to lumbar spine; chronic pain, other; status post right knee surgery. The request for authorization was submitted on January 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG 1 TABLET PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for pantoprazole 20mg is not medically necessary. The injured worker complained of neck pain that radiated to the left upper extremities, low back pain that radiated to the bilateral lower extremities, and upper extremity pain bilaterally in the shoulders. It was also noted the injured worker's medications included carisoprodol, pantoprazole, vitamin D, zolpidem, Ms Contin, and Norco. The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. It is unclear if the injured worker had any gastrointestinal issues. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary.

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 Official Disability Guidelines (ODG), Pain, Vitamin D (cholecalciferol).

Decision rationale: The request for vitamin D 2000 IU is not medically necessary. The injured worker complained of neck pain that radiated to the left upper extremities, low back pain that radiated to the bilateral lower extremities, and upper extremity pain bilaterally in the shoulders. It was also noted the injured worker's medications included carisoprodol, pantoprazole, vitamin D, zolpidem, Ms Contin, and Norco. The Official Disability Guidelines recommend consideration for Vitamin D in chronic pain patients and supplementation if necessary. Vitamin D is under study as an isolated pain treatment, and vitamin D deficiency is not considered a workers' compensation condition. The rationale for vitamin D is unclear. Also there is a lack of clinical information provided on the efficacy of vitamin D and the functional improvement gained with this medication. Therefore, the request is not medically necessary.

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

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

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

Decision rationale: The request for carisoprodol 350mg is not medically necessary. The injured worker complained of neck pain that radiated to the left upper extremities, low back pain that radiated to the bilateral lower extremities, and upper extremity pain bilaterally in the shoulders. It was also noted the injured worker's medications included carisoprodol, pantoprazole, vitamin D, zolpidem, Ms Contin, and Norco. The California MTUS guidelines do not recommend Carisoprodol. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. It was noted that the injured worker utilizes carisoprodol for his back spasms;

however, there is a lack of clinical evidence of the medications efficacy on his spasms. The guidelines state carisoprodol is not for long-term utilization, it is also unclear how long the injured worker has been on Carisoprodol. Therefore, the request is not medically necessary.