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| Case Number: | CM14-0100762 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/22/2008 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old female was reportedly injured on 8/22/2008. The mechanism of injury is not listed. The claimant underwent two lumbar spine surgeries to include a microdiscectomy at L4/5 on 11/22/2011, followed by "disk fragments removed" on 2/7/2012. The most recent progress note dated 5/28/2014, indicates that there are ongoing complaints of low back and leg pain. Physical examination demonstrated no scoliosis; positive straight leg raise on left; pain with palpation over lumbar facets from L3 - S1 region; lumbar spine range motion: flexion 70 and extension 20 with pain; motor strength normal except decrease in flexion of the hips, knee extension and dorsiflexion 4 -/5; sensation mostly intact in lower extremities; antalgic gait. No recent diagnostic imaging studies available for review. Previous treatment includes lumbar spine surgery, physical therapy and medications to include Neurontin, Norco, OxyContin, Soma and Omeprazole. A request had been made for Soma 350 mg #60 And Omeprazole 20 mg #60, which were not certified in the utilization review on 6/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg tablet twice a day as needed for 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS, pages 29 of 127. The Expert Reviewer's decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.

Omeprazole 20mg capsule, delayed release, 1 capsule twice a day for 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG, Pain Chapter, page 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS, pages 68-69 of 127. The Expert Reviewer's decision rationale: MTUS treatment guidelines support the use of "proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures." Review of the available medical records, fails to document the use of a non-steroidal anti-inflammatory and/or any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.