

Case Number:	CM14-0014120		
Date Assigned:	02/26/2014	Date of Injury:	08/10/2001
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; epidural steroid injection therapy; and the apparent imposition of permanent work restrictions. In a utilization review report dated January 29, 2014, the claims administrator approved request for immediate release oxycodone, denied a request for Prilosec, denied a request for Soma, and denied a request for Motrin. The applicant's failure to profit from previously prescribed medications was cited as a principal basis for the denial. In an April 4, 2013 progress note, the applicant is described as having persistent complaints of low back pain, 7/10. The applicant was on Norco, Prozac, Motrin, Prilosec, Soma, and Senna at that point in time. The applicant was described as a former electrician and was not working, it was suggested. There was no mention of dyspepsia on that note. In a November 1, 2013 progress note, the applicant was described as reporting persistent complaints of chronic neck pain and low back pain. The applicant is reportedly using Norco with benefit, it was stated. The applicant was also using Motrin, Prilosec, Soma, and Senna. It was then stated, somewhat incongruously, in a second section of the report that the applicant's ongoing complaints of pain were interfering with activities of daily living and basic functioning. Medications were renewed. The applicant's work status was not detailed; however, it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Systems, Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitor such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not establish the diagnosis of dyspepsia, either NSAID induced or stand-alone, for which ongoing usage of Prilosec would be indicated. There was no mention made of reflux, dyspepsia, and/or heartburn in any recent progress note provided, either in the body of the report or in the review of systems section. Therefore, the request is not medically necessary.

SOMA 350MG #60 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL,

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is in fact using opioid agents including Norco and oxycodone. Adding Carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.

MOTRIN 800MG #90 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication topic. Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, as with the other medications, the applicant has failed to derive any lasting benefit or functional improvement as defined in MTUS 9792.20f despite ongoing usage of

Motrin. The applicant is off of work. The applicant's usage of Motrin has not resulted in a material reduction in dependence on medical treatment. The applicant remains reliant on multiple opioids. The applicant is still pursuing epidural steroid injection therapy. All of the above, taken together, imply the failure of ongoing NSAID therapy with Motrin. The applicant is constrained in terms of performance of even basic activities of daily living, it is further suggested. Therefore, the request is not medically necessary.