

Case Number:	CM14-0015657		
Date Assigned:	03/03/2014	Date of Injury:	04/08/2002
Decision Date:	07/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology has a subspecialty in Pain management and is licensed to practice in Maryland. 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 58-year-old male with a 4/8/2002 date of injury. A specific mechanism of injury was not described. 1/7/14 determination was modified. Carisoprodol 350mg #30 was modified to #6 over fifteen days. Naproxen and Pantoprazol were denied. Tramadol ER, Desyrel, and Vicodin ES were certified. Carisoprodol was modified given no proven efficacy in chronic musculoskeletal conditions. The modification was made to allow weaning. Naproxen was denied given no acute pain or exacerbation of pain or breakthrough pain. Pantoprazole was non-certified given no secondary gastrointestinal side effects subsequent to the prolonged use of multiple medications. 12/17/13 medical report identifies low back pain that radiates to the bilateral lower extremities. Range of motion of the lumbar spine was decreased with pain increased in flexion and extension. There was myofascial tenderness. It was noted that carisoprodol was prescribed for muscle spasm/musculoskeletal pain. Naproxen due to pain and inflammation and pantoprazole to limit gastrointestinal adverse effects related to chronic medication use. 1/14/14 medical report identifies low back pain that radiates to the right lower extremity to the level of the right knee. Pain level was 8-10/10. There has been malfunction of the spinal cord stimulator and there was increased pain. Exam revealed decreased range of motion with pain. Myofascial tenderness and paraspinous muscle spasms noted on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodal 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: The patient has chronic pain and apparently also chronic muscle spasms. There was no clear indication for the need of Soma or a rationale for chronic use. In addition, CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. The medical necessity for this medication was not substantiated.

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It was noted that the patient had continued pain for which he was on several medications including NSAIDs, it was also noted that the patient's SCS malfunctioned and he was experiencing increased pain. In that context, the request Naproxen may provide additional pain relief for the patient. The medical necessity has been substantiated.

Pantoprazole 20mg #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 (ODG), Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines describes that proton pump inhibitors can be recommended for those patients at intermediate risk for gastrointestinal immense and no cardiovascular disease. ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The patient was on chronic NSAID therapy for

which a PPI could be used as GI protectant. However, CA MTUS and ODG states that a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. Although there is 2002 date of injury, where first line therapy was most likely used, the medical record did not indicate that a first line PPI had been used and failed prior to pantoprazole. Therefore, the medical necessity was not substantiated.