

Case Number:	CM14-0128977		
Date Assigned:	08/18/2014	Date of Injury:	04/06/2003
Decision Date:	12/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery 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:

This is a 56-year-old female with a 4/6/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/6/14 noted subjective complaints of cervical spine pain, bilateral hand pain, and lumbar spine pain. Objective findings included cervical paraspinal tenderness, restricted range of motion of the knees and ankles. Diagnostic Impression: cervical strain, thoracic strain, and lumbar radiculopathy. Treatment to Date: medication management. A UR decision dated 7/9/14 modified the request for Nexium 40 mg #30, certifying only a one month supply. The provided records did not clearly indicate failure of first line agents of omeprazole or lansoprazole. A limited supply of one month is provided to allow for documentation of failure of first line agents or to transition the patient to a first line agent. It also denied a request for Soma 350 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #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, NSAID's, GI Symptoms and cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Nexium)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drug (NSAID) therapy. However, there is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Nexium 40 mg #30 is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. However, given the 2003 original date of injury, it is unclear how long the patient has been taking Soma. Guidelines do not recommend chronic use given the lack of efficacy and risk for dependence. There is no mention of an acute muscular exacerbation that would warrant the use of Soma. Additionally, there is no specific documentation of objective benefit derived from the use of Soma. Therefore, the request for Soma 350 mg #30 is not medically necessary.