

Case Number:	CM14-0143745		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2013
Decision Date:	11/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/4/13. A utilization review determination dated 8/13/14 recommends non-certification of Carisoprodol and Omeprazole. Naproxen was certified. It referenced a 7/22/14 medical report identifying low back pain despite 24 physical therapy (PT) sessions as well as ESIs. There is shoulder pain with numbness and tingling in the shoulders and hands. The back pain travels to the legs with numbness and tingling. She also has bouts of depression, stress, and anxiety. The patient was noted as not currently taking any medications. On exam, there was paraspinal spasm, tenderness, reduced sensation in both L5 distributions, and limited ROM of the lumbar spine. Recommendations included EMG, MRI, PT, acupuncture, Carisoprodol, Naproxen, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #60 with two refills: 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 Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there are some muscle spasms noted, but it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines and, unfortunately, there is no provision for modification of the current request to an appropriate amount of medication for only a short course of treatment. In light of the above issues, the currently requested Carisoprodol is not medically necessary.

Omeprazole DR 20 mg #30 with two refills: 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 Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.