

Case Number:	CM14-0178641		
Date Assigned:	10/31/2014	Date of Injury:	10/11/2013
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 injured worker is a 30 year-old male who was injured on 10/11/13 after picking up someone while at his place of employment. He complained of lower back pain with numbness, tingling, and weakness of lower extremities and occasional spasm of lower back. He had difficulty with activities of daily living. An x-ray was done but results were not disclosed. An MRI showed lumbar disc herniation. He was diagnosed with lumbar radiculopathy, lumbar muscle strain and spasm, and lumbar disc disease. His treatment included chiropractic sessions trigger point injections, and medications such as Carisoprodol, Hydrocodone, Naproxen, and Omeprazole. Physical therapy improved pain partially but still persists with some pain. He also complained of frequent abdominal pain and frequent constipation. He began experiencing panic attacks 3-4 times a day, which worsened his abdominal pain. He was given omeprazole without documenting rationale for the prescription. The current request is for Omeprazole and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (30-day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The patient was on Naproxen but was younger than age 65, had no history of PUD, GI bleeding or perforation, did not use aspirin, corticosteroids, or an anticoagulant, and was not on high dose of multiples NSAIDs. The patient had abdominal pain that was not attributed clearly to NSAID use. He was also on narcotics for his back pain which likely contributed to his constipation and abdominal pain. Panic attacks also worsened his abdominal pain. There was no clearly documented rationale for starting Omeprazole. Therefore, this request is not medically necessary.

Carisoprodol 350mg #60 (30-day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, carisoprodol Page(s): 65, 29.

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use with a max of 2-3 weeks. The patient is being prescribed a 30 day supply. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on Hydrocodone for lower back pain which when combined with Carisoprodol has been described to have effects similar to heroin. Weaning is required due to potential withdrawal syndrome. The risks of Carisoprodol appear to outweigh the benefits. Therefore, it is considered not medically necessary.