

Case Number:	CM14-0179797		
Date Assigned:	11/04/2014	Date of Injury:	12/21/2006
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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:

Patient is a 54 year-old male with date of injury 12/21/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as neck pain. Examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles and cervical facet joints. Patient had 5/5 bilateral upper extremity strength. Spurling's sign was negative. Sensation was reduced in the bilateral C6-7 distribution. Range of motion was reduced in all planes. Diagnosis: 1. Lumbar facet joint pain 2. Pain in joint, arm 3. Arthritis, rheumatoid 4. Dysthymic disorder 5. Chronic pain syndrome 6. Numbness 7. Rotator cuff syndrome 8. Cervical radiculopathy 9. Degenerative disc disease, cervical status post C4-7 anterior fusion 10. Headache 11. GERD (gastroesophageal reflux disease). The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Soma 350mg, #90 SIG: TID 2. Celebrex 200mg, #30 SIG: one cap daily 3. Omeprazole 20mg, #30 SIG: one cap daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, take one tablet by mouth three times daily, #90, no refills (Prescribed 10-8-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

Decision rationale: The MTUS states that Carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. There is little research in terms of weaning of high dose Carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg, take one tablet by mouth three times daily, #90, no refills (Prescribed 10-8-14) is not medically necessary.

Celebrex 200mg, take one capsule by mouth daily, #30, five refills (Prescribed 10-8-14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been prescribed Celebrex for 6 months. This quantity is excessive and not in keeping with the recommendation of administering the patient's medication for the shortest possible time. Celebrex 200mg, take one capsule by mouth daily, #30, five refills (Prescribed 10-8-14) is not medically necessary.

Omeprazole 20mg, take one capsule by mouth daily, #30, five refills (Prescribed 10-8-14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg, take one capsule by mouth daily, #30, five refills (Prescribed 10-8-14) is not medically necessary.