

Case Number:	CM14-0023981		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2005
Decision Date:	08/20/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, ankle, knee, and thigh pain reportedly associated with an industrial injury of November 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; earlier spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated February 3, 2014, the claims administrator denied a request for Synovacin (glucosamine), denied a request for Soma, denied a request for Omeprazole, and approved a request for Neurontin. The applicant's attorney subsequently appealed. On January 6, 2014, the applicant presented with persistent complaints of low back pain radiating to the right leg. Some groin pain was also noted at the site of the fusion graft. The applicant was also reporting dyspepsia with NSAIDs. Permanent work restrictions were renewed, as were prescriptions for Synovacin for degenerative joint disease of the knee, Soma for muscle spasm, Omeprazole for dyspepsia, Neurontin for neuropathic pain, and Lidoderm patches to treat pain associated with muscle spasms. The applicant did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin 500 mg, #180: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: sales.advancedrxmgt.com/Synovacin-Flyer.

Decision rationale: Synovacin, per the product description, does represent a brand of Glucosamine. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis. In this case, the attending provider has posited that some component of the applicant's pain is associated with knee arthritis. Therefore, the request for Synovacin (glucosamine) is medically necessary.

Soma 350 mg, #120: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. In this case, the attending provider has not proffered any compelling applicant-specific information which would offset the unfavorable MTUS recommendation. There is no evidence, for instance, of functional improvement achieved as a result of ongoing usage of Soma which might help to offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has developed issues with dyspepsia and reflux reportedly as a result of over-the-counter NSAID usage and has reported ongoing issues with dyspepsia or stomach upset, either NSAID-induced or stand-alone. Provision of Omeprazole to combat the same is indicated. Therefore, the request is medically necessary.