

Case Number:	CM14-0035294		
Date Assigned:	06/23/2014	Date of Injury:	09/02/2003
Decision Date:	07/24/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 General Surgeon and is licensed to practice in Texas. 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 48-year-old male claimant who sustained an industrial injury on 9/2/2003 when he slipped and fell. The prior treatment included medications. Only the 1/15/13 note is available for review. Diagnoses were cervical and thoracolumbar sprain and cervicogenic headaches. The injured worker reported low back pain with radiation to posterior thighs, neck pain with radiation to the left upper extremity, mid back pain, sleep difficulty and cervicogenic headaches. Sensation to light touch was decreased to the top of the left foot in L5 distribution. There were paralumbar muscle spasms and tenderness more on the right than the left, flexion and extension was 60% of normal, right lateral flexion was 70% normal and left lateral flexion was 60% of normal. straight leg raise (SLR) test was positive on the left. Cervical exam showed slight paraspinal muscle spasms with moderate swelling and tenderness, more on the right, flexion 80% of normal, extension 60% of normal, right lateral flexion 80% of normal and left lateral flexion 60% of normal. Thoracic spine showed slight tenderness and spasm more on the left. The plan was to authorize massage therapy, Vicoprofen, omeprazole, hold off Soma and continue H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Vicoprofen 7.5/200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

Decision rationale: It appears the claimant has been previously prescribe Vicoprofen but the current documentation does not reveal functional gains or objective benefit afforded the claimant from this prescription. Furthermore if this has been prescribed chronically, there are no Urine Drug Screen results to document compliance and usage as required by CA MTUS. Therefore, it is not clear whether the claimant has been compliant. The request remains not medically necessary.

60 capsules of Omeprazole 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: It appears the claimant has been previously prescribed Vicoprofen a combination drug of hydrocodone and ibuprofen. But the current documentation does not reveal functional gains or objective benefit afforded the claimant from this prescription. There are no notations that the claimant has dyspepsia or history of gastric ulcers to warrant Omeperazole, a proton pump inhibitor.

60 tablets of Soma 350mg: Upheld

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

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

Decision rationale: Neither CA MTUS nor ODG guidelines recommends the long term use of Soma. There are problem with its metabolite, meprobamate. Further more there are no Urine Drug Screens to document compliance or usage of the Soma previously prescribed. Finally the office note of 1/15/13 states that the treatment plan was to "hold on Soma" so it is not clear whether the treatment changed or this is an administrative error. This remains not medically necessary for multiple reasons as mentioned above.