

Case Number:	CM14-0038322		
Date Assigned:	06/25/2014	Date of Injury:	04/03/2003
Decision Date:	08/11/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Arizona. 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 patient is a 61-year-old male with a date of injury on April 3, 2003. Diagnoses are of left lumbar radiculopathy, secondary depression, insomnia, and GI upset due to medications. Subjective complaints are of low back pain with radiation to the lower extremities. There are also complaints of frustration and depression, left lateral thigh numbness, and upset stomach. Physical exam shows positive straight leg raise test on the left, decreased sensation on the left lateral leg and S1 distribution. Medications include Soma, Nexium, Tylenol #3, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg: 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 CARISPRODOL Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend carisprodol (Soma). This medication is not indicated for long-term use. This medication is only recommended for a two to three week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and

relaxant effects. This patient has used carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the request for Soma 350 mg is not medically necessary or appropriate.

Nexium 40 mg: 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), Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPI'S.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age greater than 65, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, use of ASA (acetylsalicylic acid), corticosteroids, anticoagulant use, or high dose NSAIDS. ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Nexium. Since there is not a documented trial of first line PPIs, and patient is not on current NSAID therapy, the medical necessity of Nexium is not established. Therefore, the request for Nexium 40 mg is not medically necessary or appropriate.

Continued use of a TENS (Transcutaneous electrical nerve stimulation) Unit and supplies as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Units Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The Chronic Pain Medical Treatment Guidelines guidelines for TENS use include chronic pain longer than three months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, the request is for ongoing use of a TENS unit. The medical record does not identify a one month trial of this treatment modality, or documented outcomes in terms of pain relief and functional improvement. While the office notes indicate that TENS was helpful, information was not included on duration of use and which concurrent therapeutic modalities were used. Therefore, the request for the continued use of a TENS Unit and supplies as needed is not medically necessary or appropriate.