

Case Number:	CM14-0051020		
Date Assigned:	07/07/2014	Date of Injury:	12/15/2009
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on December 15, 2009. The mechanism of injury is noted as slipping and falling backwards. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness along the left lower lumbar spine with spasms. Diagnostic nerve conduction studies revealed a left-sided S1 radiculopathy. An MRI the lumbar spine showed a disc bulge and facet hypertrophy at L5-S1, L4-L5, and L3-L4. Previous treatment includes physical therapy, acupuncture, chiropractic care, home exercise, and epidural steroid injections. A request had been made for a neurosurgical consult, soma, and Vimovo and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion Neurosurgeon Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines a referral to a specialist is indicated if a diagnosis is uncertain or complex, psychosocial factors are present, or when the plan of care may benefit from additional expertise. The injured employee has already seen a neurosurgeon on February 5, 2014. There is no justification supplied in the attached medical record why an additional visit with another neurosurgeon is necessary other than a request for a second opinion from the primary care provider. Considering this, this request for a second opinion from a neurosurgeon is not medically necessary.

Soma, As Prescribed on 3/21/14 (dosage not documented): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbation of chronic low back pain. This request for soma does not indicate dosage or frequency of treatment that would indicate occasional short-term usage. Considering this, this request for soma is not medically necessary.

Vimovo 500 mg/20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), GI symptoms and cardiovascular risk Page(s): 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, updated 3/27/14, Vimovo, Proton Pump Inhibitors & Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Vimovo is a medication which contains both naproxen and omeprazole. Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, this request for Vimovo is not medically necessary.