

Case Number:	CM14-0080314		
Date Assigned:	07/18/2014	Date of Injury:	10/10/2011
Decision Date:	11/20/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/01/2014

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 Internal 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 injured worker (IW) is a 56 year-old woman with a date of injury of October 10, 2011. The mechanism of injury occurred when she hurt her low back while lifting a recipient from the wheelchair to the toilet. The weight of the recipient caused the IW to fall and strike her right knee on the ground. The weight of the client was so great that it then caused the IW to fall onto both knees and twist her upper torso. The current diagnoses are: Lumbar sprain/strain; lumbar muscle spasm; lumbar disc disease; lumbar radiculopathy; right knee sprain/strain; right hip pain. Treatment has included: January 13, 2014: Bilateral L4 medial branch facet rhizotomy, L5-S1 posterior rami facet rhizotomy, diagnostics, and medications. The IW received approximately one year of conservative chiropractic treatments. She underwent MRI scans of the lumbar spine and right knee, approximately 6 months ago. Review of the right knee MRI reports shows patella alta with satisfactory medial and lateral menisci intact ligaments. MRI of the lumbar spine shows multilevel spine disc bulges most severe at L3-L4, L4-L5, and L5-S1 levels with an annular fissure and moderate degenerative facet changes with neural foraminal narrowing. She continues to be seen for pain management. The following medications have been prescribed: Vicodin, Ibuprofen, Soma, and Prilosec. She received two lumbar epidural steroid injections; the first in early 2014, with approximately 40% relief; the second without significant relief of her complaints. In the most recent report dated April 29, 2014, the notes indicate: Subjective: the IW complains of right knee pain, rated 10/10. Pain radiates to the ankle with numbness and tingling sensation. Medications are helping with the pain. The IW has no history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. Objective: There is lumbar tenderness. There is increased pain with all lumbar motions. Straight leg raise is positive bilaterally. The IW started using a cane approximately one year ago due to ongoing right knee buckling. She continues to wear a knee brace on occasion. The IW has difficulty with activities of daily living such as

grooming, bathing, dressing, household chores, and driving. The IW smokes one and one-half cigarettes per day and drinks alcohol on occasion. Future medical treatments according to the note Dated June 23, 2014 recommends physical therapy (PT) and right knee cortisone and synvisc injections would be appropriate. However, at this time, the IW is not a candidate for right knee arthroscopy surgery, as the MRI findings are fairly normal. Future treatment for the lumbar spine would consist of conservative PT, chiropractic treatment, NSAID medication, as well as lumbar epidural steroid injection and facet rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle relaxants

Decision rationale: Pursuant to California MTUS guidelines, Soma 350 mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines specifically do not recommend the use of Soma. The Official Disability Guidelines state this medication is effective but has abuse and dependency potential. The medical records do not contain documentation of spasm relief from prior use of this medicine. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Soma 350 mg #60 is not medically necessary.

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIs, GI Symptoms And Cardiovascular Risk Page(s): 68.

Decision rationale: Pursuant to the California MTUS, Protonix 20 mg #30 is not medically necessary. The CA MTUS guidelines state proton pump inhibitors (Protonix) are indicated in patients at intermediate risk for high risk of a gastrointestinal event such as peptic ulcer disease, G.I. bleeding or perforation, concurrent use of aspirin, steroids and/or anticoagulants or high dose/multiple nonsteroidal anti-inflammatory use. In this case, the medical record not document any history of GI related complaints and no history of peptic ulcer disease. Consequently, there was no indication in the medical record for Protonix use. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, or Protonix 20mg #30 is not medically necessary.

