

Case Number:	CM14-0084045		
Date Assigned:	07/21/2014	Date of Injury:	10/18/2007
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 & 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 October 18, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 1, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness and spasms as well as decreased range of motion of the cervical and lumbar spine. The examination the right hip noted tenderness at the greater trochanteric. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for carisoprodol, lidocaine pads, omeprazole and meloxicam and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Day supply 30- QTY 60 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- NSAIDs.

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): 29.

Decision rationale: The California MTUS specifically recommends against the use of soma (carisoprodol)and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this request for carisoprodol is not medically necessary.

Lidocane pad 5% QTY 30 Refills 2: Upheld

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

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): 56, 57, 112.

Decision rationale: The California MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for lidocaine pads is not medically necessary.

Meloxicam 15mg QTY 30 Refills 2: Upheld

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

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): 22.

Decision rationale: Antiinflammatories such as meloxicam are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Additionally this dosages the highest dosage of meloxicam available. Therefore this request for meloxicam is not medically necessary.

Omeprazole cap 20mg QTY 30 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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): 68-69.

Decision rationale: Prilosec (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 G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.