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| Case Number: | CM14-0089657 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/22/2000 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 23-year-old male with a date of injury on 9/22/2000. Diagnoses include status repair of L4 pars fracture, status post hardware removal and laminectomy at L4-L5, sacroiliitis, and a T10 burst fracture. Subjective complaints are of pain in the lower back. Physical exam shows focal tenderness at the lumbosacral junction as well as superior iliac crest. Motor strength and sensation are intact. Medications include Abilify, Wellbutrin, Elavil, Opana, omeprazole, Cymbalta, Lyrica, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-64.

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

Decision rationale: CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 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 use of Carisoprodol is not medically necessary.

Omeprazole Dr 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Non - steroidal anti-inflammatory drugs (NSAID) , gastrointestinal (GI) symptoms and Cardiovascular risk Page(s): pages 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-68.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to non-steroidal anti-inflammatory drugs (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age greater than 65, history of peptic ulcer, GI bleeding or perforation, use of acetylsalicylic acid (ASA), corticosteroids, anticoagulant use, or high dose NSAIDS. The guidelines suggests that PPI's are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and submitted documentation does not indicate that patient has had prior or ongoing gastric complaints. Therefore, the use of omeprazole is not consistent with guideline recommendations and the medical necessity is not established.