

Case Number:	CM14-0099778		
Date Assigned:	07/28/2014	Date of Injury:	08/17/2012
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a woman with a date of injury of August 17, 2012. She has 7-8/10 low back pain radiating to her bilateral lower extremities which decreases to 6/10 with medication. She has a tender iliac spine, uncomfortable range of motion testing, positive straight leg raise on the left side, and decreased sensation below her left knee. Her diagnoses are lumbar strain, lumbar radiculitis, lumbar disc protrusion, and cervical strain. She has had physical therapy, medications, lumbar spine magnetic resonance imaging, electromyogram/ nerve conduction velocity of the bilateral lower extremities, wears a lumbar support belt, and has been placed on modified duty. Attached clinical notes from January 2014 through May 2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 65 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma).

Decision rationale: Carisoprodol (Soma) is a centrally-acting muscle relaxant, a category which is recommended for short-term use of fewer than 2 weeks. It is not recommended for long-term use. It is only recommended for use after a trial of "Y" drugs per the Official Disability Guidelines. The work injury is two years old and there is no documentation of failed "Y" drugs in this injured worker. As such, the request is not medically necessary and appropriate.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). pages 67-68 Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Prilosec is recommended at the lowest dose for the shortest length of time in patients with osteoarthritis who are taking non-steroidal anti-inflammatory drugs (NSAIDs), although acetaminophen is supported as an alternative. For exacerbations of chronic low back pain, non-steroidal anti-inflammatory drugs are second-line treatment after acetaminophen, which would not necessitate the use of Prilosec. For chronic low back pain, non-steroidal anti-inflammatory drugs are recommended for short-term symptomatic relief. Guidelines support concomitant use of a proton pump inhibitor with non-steroidal anti-inflammatory drugs in those at risk for gastrointestinal events. There is no documentation to suggest that this injured worker has gastro-intestinal symptoms, has had adverse effects of non-steroidal anti-inflammatory drug use, or is at risk for gastrointestinal disease. As such, the request is not medically necessary and appropriate.