

Case Number:	CM14-0105686		
Date Assigned:	07/30/2014	Date of Injury:	01/04/2001
Decision Date:	07/02/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 is a 57-year-old male, who sustained an industrial injury on 1/4/01. He has reported initial complaints of back injury after lifting a 150-pound piece of steel while bent over he heard a pop in his back with sudden pain in the back and radiation of the pain down the left leg. The diagnoses have included post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome, and knee pain. Treatment to date has included medications, activity modifications, diagnostics, left knee and lumbar fusion surgery, physical therapy, home exercise program (home exercise program (HEP), Transcutaneous electrical nerve stimulation (TENS) and psychiatric. Currently, as per the physician progress note dated 2/26/15, the injured worker complains of low back ache and left knee pain. The pain with the medications is rated 7/10 on pain scale and without medications is rated 10/10 on pain scale. This is unchanged from previous visits. It is noted that his sleep quality is poor and his activity level has decreased. The physical exam reveals that the injured worker has antalgic gait. The lumbar spine exam reveals restricted range of motion with flexion limited to 55 degrees and extension limited to 10 degrees limited by pain. Lumbar facet loading is positive on both sides and straight leg raise is positive on the left side in sitting at 80 degrees. The left knee exam reveals crepitus with active movement, but some clicking from total knee replacement, noted tenderness to palpation over the medial joint line and patella. There is 1+ effusion in the left knee joint. The light touch sensation is decreased on the lower extremity dermatomes bilaterally. The current medications included Alprazolam, Xanax, DHEA, Duloxetine, Famotidine, Gabapentin, Ibuprofen, Pennsaid solution, Carisoprodol and Hydrocodone-Acetaminophen. Treatment plan for medications was to continue to decrease

Norco and decrease Soma. The urine drug screen is consistent with medications prescribed. The physician requested treatments included Carisoprodol 350mg, #120 and Famotidine 40mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #120: Upheld

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

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

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it long-term. There is no documentation of spasms. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on benzodiazepines and opioids as well. Therefore, the request is not medically necessary.

Famotidine 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Famotidine is not medically necessary. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, she does not use aspirin, chronic corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There are no documented GI complaints. Because of these reasons, the request is not medically necessary.