MAXIMUS Federal Services

Case Number:	CM14-0165688		
Date Assigned:	10/10/2014	Date of Injury:	05/07/2012
Decision Date:	01/28/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Maryland. 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 employee was a 41 year old female who was being treated for an industrial injury sustained on 05/07/2012. Her prior evaluation and treatment included medications, MRI spine, EDS, acupuncture and medications. The progress note from 08/01/14 was reviewed. Subjective complaints included persistent pain in the lower back rated at 9/10, radiating to the bilateral legs. She also had pain radiating up to her upper mid back and neck which she rated at 9/10. The pain was better with rest and medications. Soma helped her pain from 9/10 to 6/10 and helped with muscle spasms. She was working unrestricted. Pertinent examination findings included tenderness over the cervical paraspinals and trapezius muscles, decreased range of motion over the lumbar spine and tenderness to palpation over the paraspinals with muscle spasms from T4 down to T8 with positive Kemp's sign. Diagnoses were a 5 mm disc herniation at L5-S1 with bilateral lower extremity radicular pain, thoracic and cervical spine strain/sprain. The request was for Prilosec for dyspepsia, topical Diclofenac/lidocaine cream in an attempt to taper down Tramadol and Soma for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine Cream 3%5% 180g # 1:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medicaions, Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The employee was a 41 year old female who was being treated for an industrial injury sustained on 05/07/2012. Her prior evaluation and treatment included medications, MRI spine, EDS, acupuncture and medications. The progress note from 08/01/14 was reviewed. Subjective complaints included persistent pain in the lower back rated at 9/10, radiating to the bilateral legs. She also had pain radiating up to her upper mid back and neck which she rated at 9/10. The pain was better with rest and medications. Soma helped her pain from 9/10 to 6/10 and helped with muscle spasms. She was working unrestricted. Pertinent examination findings included tenderness over the cervical paraspinals and trapezius muscles, decreased range of motion over the lumbar spine and tenderness to palpation over the paraspinals with muscle spasms from T4 down to T8 with positive Kemp's sign. Diagnoses were a 5 mm disc herniation at L5-S1 with bilateral lower extremity radicular pain, thoracic and cervical spine strain/sprain. The request was for Prilosec for dyspepsia, topical Diclofenac/lidocaine cream in an attempt to taper down Tramadol and Soma for spasms.According to MTUS, Chronic Pain Medical Treatment guidelines, topical NSAIDs are recommended for musculoskeletal pain in joints that are amenable to topical treatment and not recommended for spine, hip or shoulder. In addition, topical Lidocaine is not recommended in another form other than Lidoderm patch. Hence the compounded product with Diclofenac/Lidocaine is not medically necessary or appropriate.

Prilosec 20mg # 60: Overturned

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

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

Decision rationale: The employee was a 41 year old female who was being treated for an industrial injury sustained on 05/07/2012. Her prior evaluation and treatment included medications, MRI spine, EDS, acupuncture and medications. The progress note from 08/01/14 was reviewed. Subjective complaints included persistent pain in the lower back rated at 9/10, radiating to the bilateral legs. She also had pain radiating up to her upper mid back and neck which she rated at 9/10. The pain was better with rest and medications. Soma helped her pain from 9/10 to 6/10 and helped with muscle spasms. She was working unrestricted. Pertinent examination findings included tenderness over the cervical paraspinals and trapezius muscles, decreased range of motion over the lumbar spine and tenderness to palpation over the paraspinals with muscle spasms from T4 down to T8 with positive Kemp's sign. Diagnoses were a 5 mm disc herniation at L5-S1 with bilateral lower extremity radicular pain, thoracic and cervical spine strain/sprain. The request was for Prilosec for dyspepsia, topical Diclofenac/lidocaine cream in an attempt to taper down Tramadol and Soma for spasms.The Chronic pain guidelines indicate Prilosec as a proton pump inhibitor that is indicated in the treatment of dyspepsia and for prophylaxis in patients with high risk for GI events. The review of the medical records revealed

history of dyspepsia according to the peer to peer conference call. She was being treated with multiple medications. Given the ongoing symptoms of dyspepsia, the employee meets the criteria for ongoing omeprazole use. The request for Omeprazole/prilosec is medically necessary and appropriate

Soma 350 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: The employee was a 41 year old female who was being treated for an industrial injury sustained on 05/07/2012. Her prior evaluation and treatment included medications, MRI spine, EDS, acupuncture and medications. The progress note from 08/01/14 was reviewed. Subjective complaints included persistent pain in the lower back rated at 9/10, radiating to the bilateral legs. She also had pain radiating up to her upper mid back and neck which she rated at 9/10. The pain was better with rest and medications. Soma helped her pain from 9/10 to 6/10 and helped with muscle spasms. She was working unrestricted. Pertinent examination findings included tenderness over the cervical paraspinals and trapezius muscles, decreased range of motion over the lumbar spine and tenderness to palpation over the paraspinals with muscle spasms from T4 down to T8 with positive Kemp's sign. Diagnoses were a 5 mm disc herniation at L5-S1 with bilateral lower extremity radicular pain, thoracic and cervical spine strain/sprain. The request was for Prilosec for dyspepsia, topical Diclofenac/lidocaine cream in an attempt to taper down Tramadol and Soma for spasms.Carisoprodol is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of spasms and hence the medical necessity for Soma is not medically necessary.