

Case Number:	CM14-0063047		
Date Assigned:	03/09/2015	Date of Injury:	09/09/2002
Decision Date:	04/13/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2002. In a Utilization Review Report dated April 25, 2014, the claims administrator failed to approve a request for omeprazole and partially approved a request for carisoprodol. The claims administrator referenced an RFA form of April 16, 2014 in its determination. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported ongoing complaints of low back pain, hip pain, and wrist pain. Permanent work restrictions imposed by a medical-legal evaluator were renewed. The applicant did not appear to be working with said limitations in place. Norco, Prilosec, and Soma were renewed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this occasion. On April 16, 2014, the applicant was asked to continue omeprazole, Soma, Norco, and Naprosyn. Ongoing complaints of low back, hip, and wrist pain were reported. Once again, the applicant did not appear to be working with previously imposed permanent limitations in place. There was no mention of the applicant's having any issues with reflux, heartburn, or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg # 30, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines notes that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes in question of late 2013 or early 2014. Therefore, the request was not medically necessary.

Carisprodol 250mg#60 refills 2: Upheld

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

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

Decision rationale: Similarly, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using Norco, an opioid agent and was; furthermore, seemingly using carisoprodol for what appeared to have been a minimum of several months to several years. Such usage, however, was incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.