

Case Number:	CM15-0147325		
Date Assigned:	08/10/2015	Date of Injury:	05/03/2005
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 45-year-old male who sustained an industrial injury on 05-03-05. Prior treatment and initial diagnoses are not available. He is status post lumbar fusion 2008, and cervical fusion 2010. Current diagnoses include cervical discopathy with disc displacement-status post cervical fusion, lumbar discopathy with disc displacement-status post lumbar fusion, and thoracic spine musculoligamentous injury. Diagnostic testing to date is not available. Treatment to date has included symptomatic medication management. Currently, the injured worker continues to complain of mid thoracic pain; the pain radiates to the back of his head and in between the shoulder blades to his chest, and causes headaches. The pain is rated as an 8-9 on a scale of 0 to 10 without medication, and a 3 on a scale of 10 with Soma. In a progress note dated 06-28-15, the treating provider reports tenderness to palpation over the thoracic paraspinal musculature and at the mid scapular area. Current plan of care is to continue with medication regimen including muscle relaxer, topical-oral non-steroidal anti-inflammatory medications, and epidural steroid injection for more efficacies. Requested treatments include Prilosec 20 mg 1 tab twice daily #60 prescribed 6/28/15, Soma 350 mg 1 tab three times a day #90 prescribed 6/28/15, and thoracic Epidural Steroid Injection x3. The injured worker is under temporary total disability. Date of Utilization Review: 07-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tab twice daily #60 prescribed 6/28/15: 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, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg 1 tab twice daily #60 prescribed 6/28/15 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has mid thoracic pain; the pain radiates to the back of his head and in between the shoulder blades to his chest, and causes headaches. The pain is rated as an 8-9 on a scale of 0 to 10 without medication, and a 3 on a scale of 10 with Soma. In a progress note dated 06-28-15, the treating provider reports tenderness to palpation over the thoracic paraspinal musculature and at the mid scapular area. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg 1 tab twice daily #60 prescribed 6/28/15 is not medically necessary.

Soma 350mg 1 tab three times a day #90 prescribed 6/28/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

Decision rationale: The requested Soma 350mg 1 tab three times a day #90 prescribed 6/28/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has mid thoracic pain; the pain radiates to the back of his head and in between the shoulder blades to his chest, and causes headaches. The pain is rated as an 8-9 on a scale of 0 to 10 without medication, and a 3 on a scale of 10 with Soma. In a progress note dated 06-28-15, the treating provider reports tenderness to palpation over the thoracic paraspinal musculature and at the mid scapular area. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg 1 tab three times a day #90 prescribed 6/28/15 is not medically necessary.

Thoracic Epidural Steroid Injection x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Thoracic Epidural Steroid Injection x3, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has mid thoracic pain; the pain radiates to the back of his head and in between the shoulder blades to his chest, and causes headaches. The pain is rated as an 8-9 on a scale of 0 to 10 without medication, and a 3 on a scale of 10 with Soma. In a progress note dated 06-28-15, the treating provider reports tenderness to palpation over the thoracic paraspinal musculature and at the mid scapular area. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electro diagnostic findings indicative of radiculopathy, nor the medical necessity for more than one injection without subsequent re-evaluation. The criteria noted above not having been met, Thoracic Epidural Steroid Injection x3 is not medically necessary.