MAXIMUS Federal Services

Case Number:	CM15-0148246		
Date Assigned:	08/11/2015	Date of Injury:	08/05/2013
Decision Date:	09/16/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 30 year old female, who sustained an industrial injury on 8-5-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain-strain, thoracic or lumbosacral neuritis or radiculitis, lumbago and sciatica. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-20-2015, the injured worker complains of low back pain and left lower extremity pain rated 6 out of 10. Physical examination showed decreased lumbar range of motion, positive lumbar facet loading and positive left sided straight leg raise test. The treating physician is requesting Soma 350 mg #60, Percocet 7.5-325 #180, Cymbalta 20 mg #30 and Pantoprazole sodium DR 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 (refill not specified): Upheld

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

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. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opiates as well. Therefore, the request is not medically necessary.

Percocet 7.5-325mg #180 (refills not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is not medically necessary. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen result was not consistent which may reflect aberrant drug behavior. There are no drug contracts or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of Norco. Therefore, the request is not medically necessary.

Cymbalta 20mg #30 (refills not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (anxiety and depression).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request is not medically necessary. The patient has diagnosed with radiculitis, which can be treated with Cymbalta. However, the patient has also been on Gabapentin, which is first-line. There is not clear objective evidence that there was improvement in pain and function with Cymbalta. Therefore, the request is not medically necessary.

Pantoprazole sodium DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI symptoms and 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 Pantoprazole is not medically necessary. The patient has also been prescribed Ibuprofen but there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Pantoprazole was prescribed as it is not the first-line PPI to use. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.