

Case Number:	CM15-0201112		
Date Assigned:	10/16/2015	Date of Injury:	05/31/2000
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California

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 71-year-old male, who sustained an industrial injury on 05-31-2000. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy secondary to myofascial pain syndrome. Treatment and diagnostics to date has included lumbar spine surgery, home exercise program, acupuncture, epidural steroid injection, trigger point injection, facet joint injection, massage therapy, physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, lumbosacral spine MRI, and medications. Recent medications have included Lyrica, Cymbalta, Percocet, Nexium (since at least 02-05-2015), and Soma. Subjective data (08-11-2015 and 09-08-2015), included muscle spasm in the lumbosacral musculature and pain in the right gluteal area that radiates into the lower back and down the right leg. Objective findings (09-08-2015) included slow gait, muscle spasm in the left lumbosacral musculature with tenderness to palpation, and positive Tinel sign in the right gluteal area. No noted gastrointestinal symptoms or diagnosis. The request for authorization dated 09-14-2015 requested Lyrica, Nexium 40mg #30 1 tablet daily, Cymbalta, Percocet, and Soma 350mg #120 1 tablet 4x daily. The Utilization Review with a decision date of 09-21-2015 non-certified the request for Nexium 40mg #30 and modified the request for Soma 350mg #120 to Soma 350mg #18.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nexium 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; pain chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Nexium is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was not on NSAIDs. The guidelines recommend short-term use and the claimant had been on Nexium for over 6 months. Therefore, the continued use of Nexium is not medically necessary.

1 Prescription of Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Percocet, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.