

Case Number:	CM15-0034584		
Date Assigned:	03/02/2015	Date of Injury:	10/17/2011
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 28 year old who sustained an industrial injury on 10/17/2011. Diagnoses include L5-S1 disc herniation with left L5-S1 radiculopathy due to extruded L5-S1 disc, with sub ligamentous disc herniation. Treatment to date has included medications and PT but the IW was noted to have failed other conservative treatments. A physician progress note dated 11/08/2014 documents the injured worker's range of motion is limited and painful with pain radiating down the left leg. Straight leg raising is positive. Ankle dorsiflexion is 4+/5. Ankle reflex is 0. He has reflexes in the right leg. Sensation is absent along the lateral thigh, lateral leg and dorsum of the foot. Spinal surgery was requested and authorized on 09/16/2014, which included transforaminal interbody fusion, discectomies and facetectomies at L5-S1. The history stated there was no answer to the neurosurgical referral, so apparently the injured worker did not advise his physician that he saw the neurosurgeon. There is a Consultation report dated 9/4/2014 by [REDACTED]. Treatment requested is for Neurosurgery Consultation, Nexium 40mg quantity 30, and Soma 350mg quantity 90. On 02/12/2015 Utilization Review non-Soma 350mg quantity 90 and cited was California Medical Treatment Guidelines and Official Disability. The request for Nexium 40mg, #30 was non-certified and Official Disability Guidelines and California Medical Treatment Guidelines were cited. The request for a Neurosurgery consultation was non-certified as surgery was already approved, the patient/physician office can request an extension of the approval time frame. There would be no medical necessity for another consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with sedatives. The chronic use of Soma is associated with increased incidence of these adverse effects because of the anesthetic like effects of meprobamate, the active metabolite. The records indicate that the patient had utilized Soma longer than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of exacerbation of muscle spasm associate with the chronic pain. The criteria for the use of Soma 350mg #90 was not met.

Nexium 40mg quantity 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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal complications in high-risk patients. The chronic use of NSAIDs of NSAIDs is associated with cardiovascular, renal and gastrointestinal complications. The records did not indicate that the patient is on chronic NSAIDs medications. There is no documentation of risk factors for gastrointestinal disease. There is no documentation of NSAIDs induced gastritis. The criteria for the use of Nexium 40mg #30 was not met.

Neurosurgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127.

Decision rationale: The CA MTUS recommend that patients can be referred for expert evaluation if the diagnosis is too complex or additional expertise treatment will be beneficial after available treatment options have been exhausted. The records indicate that the patient had been evaluated by [REDACTED], a neurosurgeon in April 2014. There was no recommendation for surgical treatment option. The records did not show exacerbation of symptoms following the previous evaluation by [REDACTED]. There is no documentation of progressive neurological deficit. The criteria for Neurosurgery consult was not met.