MAXIMUS Federal Services

Case Number:	CM15-0050208		
Date Assigned:	03/23/2015	Date of Injury:	01/07/2003
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on January 7, 2003. He reported back pain. The injured worker was diagnosed as having post-laminectomy syndrome and radiculopathy. Treatment to date has included diagnostic studies, surgery, physical therapy, injections and medications. On November 17, 2014, the injured worker complained of back pain going down his bilateral lower limbs with numbness, tingling and weakness. He described his back pain as deep and achy. He occasionally uses a single-point cane due to the pain. He reported that his current medications provide moderate relief of his pain and preservation of his activities of daily living and function. The treatment plan included epidural steroid injection, medication, activities as tolerated and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 01/0703 and presents with chronic low back pain. The patient is status post L4-5 and L5-S1 surgery in 2008. The current request is for SOMA 350MG #90. The MTUS Guidelines page 63-66 states: muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, the treating physician has exceeded guideline recommendations for this medication. This patient has been utilizing Soma since 10/15/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request Is Not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk.

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

Decision rationale: This patient has a date of injury of 01/0703 and presents with chronic low back pain. The patient is status post L4-5 and L5-S1 surgery in 2008. The current request is for Omeprazole 20mg #60. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. In this case, the patient is not utilizing a NSAID to warrant such medication; furthermore, the treating physician has not provided any discussion regarding GI issue such as gastritis, ulcers, or reflux that require the use of this medication. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request Is Not medically necessary.

Ambien 10mg #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 (ODG); Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter regarding Zolpidem/Ambien.

Decision rationale: This patient has a date of injury of 01/0703 and presents with chronic low back pain. The patient is status post L4-5 and L5-S1 surgery in 2008. The current request is for Ambien 10mg #30. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states: Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days). It is unclear when the patient was first prescribed Ambien. Progress report dated 02/23/15 states: continue meds tramadol, Soma, Omeprazole, Ambien. It appear the patient has been taking this medication prior to this date and the current request for is for refill of #30. ODG only support short-term use of this medication; therefore, the requested Ambien Is Not medically necessary.