

Case Number:	CM15-0081374		
Date Assigned:	05/04/2015	Date of Injury:	03/06/2006
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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 37 year old male, who sustained an industrial injury on 3/6/2006. He reported low back pain after stacking totes onto a pallet. The injured worker was diagnosed as having status post lumbar spine fusion (12/13/2010), lumbago, and lumbar radiculopathy. Treatment to date has included medications, off work, x-rays, physical examination, and physical therapy. The request is for Carisoprodol, Zolpidem, and Ranitidine. Provided recent documentation is very poor. Several are hand written and very brief. On 11/4/2014, he complained of middle back spasms, low back pain, and right leg locking and numbness. The treatment plan was to continue the medications which were not listed. On 11/19/2014, it is reported that physical therapy had not been beneficial, and he had continued back pain with radiation into the buttocks and right leg down to the foot. He rated his pain as 9/10, and indicated it increased with prolonged activity. His current medications are listed as: Soma, Norco, Dulcolax, and Ambien. On 1/5/2015, he had continued back pain. Objective exam reveals tenderness to lower back with limited range of motion. Noted 4+/5 bilateral extensor hallucis longus weakness and diminished right lateral calf sensation. CT of lumbar spine dated 5/5/14 was reviewed and results were noted. The treatment plan included: giving medications, which were not listed on the record. On 3/2/2015, he was continued off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350 mg Qty 90 (30 day supply): 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 Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Patient has been on Soma for at least 3months and has continued complaints of muscle spasms. Chronic use of Soma is not recommended. Carisoprodol is not medically necessary.

Zolpidem tab 10 mg Qty 30 (30 day supply): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Insomnia Treatment).

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The chronic use of Ambien is not medically appropriate and is not medically necessary.

Rantidine tab 150 mg Qty 60 (30 day supply): 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Ranitidine is a H2-blocker which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, such medications may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on any NSAIDs. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. It is unclear why patient is taking this medication. Ranitidine is not medically necessary.

