

Case Number:	CM14-0144255		
Date Assigned:	09/12/2014	Date of Injury:	02/16/2010
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of February 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier spine surgery; opioid therapy; topical agents; psychotropic medications; trigger point injection therapy; and apparent implantation of a spinal cord stimulator. In a Utilization Review Report dated August 7, 2014, the claims administrator denied a request for Soma and Protonix. A variety of MTUS and non-MTUS Guidelines were invoked to deny the same. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant was described as status post left ankle platelet-rich plasma injection. 7/10 low back pain was noted. The applicant was described as using Duragesic, oxycodone, Topamax, Prozac, Imitrex, and LidoPro. It was stated that Imitrex had diminished the applicant's complaints of migraine headaches. The applicant was given a diagnosis of chronic regional pain syndrome of the bilateral lower extremities. Trigger point injection therapy was performed for reported myofascial pain. The applicant was apparently considering revision of an indwelling spinal cord stimulator. The applicant was given refills of Duragesic, Topamax, oxycodone, Prozac, Prilosec, and Imitrex. There was no mention of any active symptoms of reflux, heartburn, and/or dyspepsia present here. On August 5, 2014, the applicant was described as having a variety of complaints, including neck pain, low back pain, foot pain, ankle pain, discoloration of the leg, stress, anxiety, depression, and stomach pain associated with prolonged medication usage. The applicant was placed off of work, on total temporary disability, through September 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, Generic Available), Car.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29; 65.

Decision rationale: 1. No, the request for Soma (carisoprodol) is not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, using two separate opioid agents, Duragesic and oxycodone. Adding carisoprodol or Soma to the mix, particularly on the four times daily basis for which it is being sought here, is not indicated, as page 65 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that Soma is not recommended for longer than two to three weeks consecutively. Therefore, the request is not medically necessary.

Protonix 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition: Pain Chapter: Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: 2. The request for Protonix, a proton pump inhibitor, is likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no explicit mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. While the applicant did report symptoms of abdominal pain on August 2014, the attending provider did not explicitly state that these symptoms represented sequelae of gastroesophageal reflux disease. The attending provider did not explicitly state that the applicant was suffering from dyspepsia. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "efficacy" and "other medications" into his choice of recommendations. In this case, the attending provider sought authorization for Protonix on his Request for Authorization Form (RFA) but renewed Prilosec in his August 28, 2013 progress note. No rationale for provision of two separate proton pump inhibitors was proffered by the attending provider. Furthermore, the attending provider did not explicitly state whether or not ongoing usage of either Protonix or Prilosec had proven efficacious here. For all of the stated reasons, then, the request is not medically necessary.

