

Case Number:	CM14-0151791		
Date Assigned:	09/19/2014	Date of Injury:	11/30/2006
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 48 years old male who sustained a work injury on 11-30-06. The claimant is status post L4-L5 fusion performed in 2007. The claimant is currently treated with medications. Office visit on 8-25-14 notes the claimant has left low back pain and occasional radiating symptoms down the right lower extremity. The claimant has intermittent pretibial area of numbness since the L4-L5 fusion performed in 2007. The claimant is currently treated with Ibuprofen (which irritates his stomach), and Soma as needed. On exam, the claimant has tenderness at the lumbar area, more left than right, negative SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. This claimant uses Ibuprofen with reported stomach irritation. Therefore, the medical necessity of this request is established.

Soma 350mg #350: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Soma

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.