

Case Number:	CM14-0091682		
Date Assigned:	07/25/2014	Date of Injury:	09/09/2002
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology 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:

This patient is a 50-year-old female with a date of injury of 09/06/2002. The patients' diagnoses include lumbar radiculopathy, low back pain. He has right wrist pain, right carpal tunnel syndrome and right greater trochanteric bursitis. Medical documentation states this patient has continued low back pain and right wrist pain and continues to take pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: This is a review for the request of omeprazole 20 mg #30 with 2 refills. Omeprazole is a proton pump inhibitor used to treat patients with dyspepsia, peptic ulcer disease or patients taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) who are also at intermediate to high risk for gastrointestinal events. According to the MTUS Guidelines, the first step is to determine if the patient is at risk for gastrointestinal events based on several criteria.

There is no documented evidence of evaluation and determination of risk for gastrointestinal events. There are no documented subjective complaints or objective evidence of acid reflux, dyspepsia or peptic ulcer disease. MTUS Guideline recommends Non-selective NSAIDs in patients without risk factors. Proton pump inhibitors, such as omeprazole, are only recommended for patients with intermediate to high risk for gastrointestinal events. Therefore, the above listed issue is considered to be NOT medically necessary.

Carisoprodol 250mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma Page(s): 29,63,65,105.

Decision rationale: This is a review for the request of Carisoprodol 250 mg #60 with 2 refills. Carisoprodol (Soma) is a centrally acting muscle relaxant. Per MTUS Guidelines, non-sedating muscle relaxants for pain are recommended with caution as a second-line option for short-term treatment. Carisoprodol is not recommended per MTUS Guidelines as it causes sedation, which may be severely increased when combined with narcotic medications. In addition, the primary active metabolite of Soma will accumulate over time, which can result in severe intoxication and difficulty with abrupt discontinuation. Furthermore, there is no documented evidence indicating the reasons for prescribing soma as even a short-term course or a second-line option for this patient. Therefore, the above listed issue is considered to be NOT medically necessary.