

Case Number:	CM14-0210549		
Date Assigned:	12/23/2014	Date of Injury:	05/02/2008
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61-year-old gentleman with a date of injury of 05/02/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 05/01/2014 and 09/26/2014 indicated the worker was experiencing neck pain that went into the hands with numbness and decreased sleep. Documented examinations consistently described tenderness in the upper back, abnormal sensation in the first two fingers, and decreased motion in the upper back joints. The submitted and reviewed documentation concluded the worker was suffering from post-cervical laminectomy syndrome, cervicalgia, degenerative changes of cervical disks, cervical facet joint pain, medication-induced GERD, brachial neuritis or radiculitis, drug-induced constipation, and an abnormal skin sensation. Treatment recommendations included heat and ice therapy, home exercise program, medications, and follow up care. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for 330 tablets of omeprazole 20mg for the dates of service 12/21/2013 through 10/20/2014 and modified certification for 13 tablets (of the requested 120 tablets) of carisoprodol 350mg for the dates of service 05/13/2014 through 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/21/13-10/20/14) Omeprazole 20mg, #330: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Drug Information. Topic 9718, version 144.0. UpToDate, accessed 01/13/2015.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from post-cervical laminectomy syndrome, cervicgia, degenerative changes of cervical disks, cervical facet joint pain, medication-induced GERD, brachial neuritis or radiculitis, drug-induced constipation, and an abnormal skin sensation. There was no discussion describing any symptoms or signs suggesting any of the above conditions or special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for 330 tablets of omeprazole 20mg for the dates of service 12/21/2013 through 10/20/2014 is not medically necessary.

Retrospective (DOS: 5/13/14-9/16/14) Carisoprodol 350mg, #120: 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; Carisoprodol (Soma) Page(s): 63-66; 29.

Decision rationale: Carisoprodol is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was suffering from post-cervical laminectomy syndrome, cervicgia, degenerative changes of cervical disks, cervical facet joint pain, medication-induced GERD, brachial neuritis or radiculitis, drug-induced constipation, and an abnormal skin sensation. These records indicated the worker had been prescribed carisoprodol for a prolonged period of time. There was no discussion suggesting

a recent flare of lower back pain or describing special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for 120 tablets of carisoprodol 350mg for the dates of service 05/13/2014 through 09/16/2014 is not medically necessary.