

Case Number:	CM15-0120619		
Date Assigned:	07/01/2015	Date of Injury:	02/19/2013
Decision Date:	09/03/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

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 59-year-old female, with a reported date of injury of 02/19/2013. The mechanism of injury was lifting. The injured worker's symptoms at the time of the injury included a "cracking" noise in her lower back, immediate onset of pain in the low back, and neck pain. The diagnoses include chronic full thickness right shoulder rotator cuff tear, chronic recurrent right shoulder sprain, right shoulder impingement syndrome, right shoulder bursitis, right upper extremity radiculopathy, and degenerative cervical spine disc disease. Treatments and evaluation to date have included right shoulder arthroscopy and rotator cuff tear repair on 03/13/2014, physical therapy, home exercise program, and oral medications. The diagnostic studies to date have included x-rays of the low back on 02/19/2013 and 06/13/2013, an MRI of the low back on 04/02/2013, x-rays of the cervical spine on 06/13/2013, an MRI of the right shoulder on 11/18/2013, and electrodiagnostic studies of the lower extremities on 06/04/2013. The progress report dated 05/07/2015 indicates that the injured worker had cervical spine pain with degenerative discs, right shoulder surgery residuals, and herniated nucleus pulposus at C5-6. The objective findings include cervical spine flexion 40/50, extension 35/50, right rotation 65/80, left rotation 60/80; positive sensory deficits at C6; and decreased range of motion of the right shoulder. The injured worker's status was temporary total disability with restrictions. The treating physician requested Omeprazole 20mg #60, Ibuprofen 800mg #60, and Carisoprodol 350mg #60 (date of service 05/07/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Carisoprodol 350mg #60 (Date of service: 05/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29 and 63-65.

Decision rationale: Carisoprodol (Soma) is a muscle relaxant. The CA MTUS Chronic Pain Guidelines indicate that this drug was approved for marketing before the FDA required clinical studies to prove its safety and effectiveness. Its side effects include: drowsiness, psychological and physical dependence, and withdrawal with acute discontinuation. The guidelines also indicate that Soma (Carisoprodol) is not recommended, and this medication is not indicated for long-term use. The medical records indicate that the Carisoprodol was prescribed as early as 08/13/2013. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The request does not include dosing or frequency. Therefore, the request for Carisoprodol is not medically necessary.

Retrospective request for Ibuprofen 800mg #60 (Date of service: 05/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The injured worker was diagnosed with lumbar strain with right radiculopathy. She had some intermittent pins and needles over her right foot. There is documentation that the injured worker was prescribed an NSAID (Naproxen) on 08/13/2013; the Ibuprofen was prescribed on 05/07/2015. The guidelines also indicate that for chronic low back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are "recommended as an option for short-term symptomatic relief." Therefore, the request for Ibuprofen is not medically necessary.

Retrospective request for Omeprazole 20mg #60 (Date of service: 05/07/2015): Upheld

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

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

Decision rationale: The injured worker has been prescribed Ibuprofen, a non-steroidal anti-inflammatory drug (NSAID), and Omeprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with a NSAID and a PPI is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. According to the medical records, the injured worker was prescribed Omeprazole since 06/13/2013, which is more than one year. There were no GI signs or symptoms documented. Therefore, the request for Omeprazole is not medically necessary.