

Case Number:	CM15-0127590		
Date Assigned:	07/14/2015	Date of Injury:	04/29/2003
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: Pediatrics, Internal 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 59 year old male injured worker suffered an industrial injury on 4/29/2003. The diagnoses included lumbosacral spondylosis without myelopathy, lumbar spinal stenosis, degeneration of the lumbar or lumbosacral intervertebral disc, myalgia and myositis, lumbago and displacement of lumbar intervertebral disc without myelopathy. The diagnostics included The injured worker had been treated with On 5/12/2015 the treating provider reported low back pain and bilateral leg pain with left greater than right with pain rated 9 to 10/10. The pain levels had remained the same since at least 7/22/2014. On exam there was lumbar tenderness. The injured worker had not returned to work. The treatment plan included Soma 350 MG 30 Days #90, Prilosec 20 MG for 30 Days #60 and Ambien 10 MG for 30 Days #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG 30 Days #90: Upheld

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

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

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines for Soma is not recommended and this medication is not indicated for long term use for no longer than 2 to 3 weeks as it has a significant abuse and habituation potential. The documentation provided did not indicate any physical exam finding of muscle spasm or any specific evidence of benefit or functional improvement with this medication. The medication was used at least since 7/7/2014. Therefore Soma is not medically necessary.

Prilosec 20 MG for 30 Days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (nonsteroidal anti-inflammatory drug), GI symptoms Page(s): 68-71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of nonsteroidal anti-inflammatory drug (NSAID). The documentation provided did not indicate there weren't any use of NSAID (nonsteroidal anti-inflammatory drugs) and no description of gastrointestinal symptoms that would indicate the use of this medication. Therefore Prilosec is not medically necessary.

Ambien 10 MG for 30 Days #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress, and Insomnia.

Decision rationale: MTUS/ACOEM was silent in regards to this medication. ODG, Mental Illness/Stress, Insomnia recommended sleep medications were for short term use, not long term use usually 2 to 6 weeks for the treatment of insomnia. There is a risk of tolerance, dependence and adverse events. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The documentation provided did not indicate any sleep disturbance and no evidence of benefit. This medication had been used since at least 7/7/2014. Therefore Ambien is not medically necessary.