

Case Number:	CM15-0144566		
Date Assigned:	09/01/2015	Date of Injury:	03/21/1983
Decision Date:	10/06/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 55 year old male, who sustained an industrial injury, March 21, 1983. The injured worker previously received the following treatments Soma to control muscle spasms, Norco to control the pain, Ultram as needed to control pain, Neurontin to control radicular pain and Pantoprazole to control GI upset from medications. The injured worker was diagnosed with 5mm disc bulge at L5-S1 with mild to moderate facet arthropathy and mild to moderate bilateral foraminal stenosis, 2mm disc bulge at L54-L5 with mild to moderate facet arthropathy and mild bilateral foraminal narrowing and radiculitis. According to progress note of June 23, 2015, the injured worker's chief complaint was lower back pain which radiated into the left lower extremity. The injured worker reported the pain was currently controlled on the current medications. The medications helped the injured worker remain functional without significant side effects. The injured worker described the pain as aching. The physical exam noted pain over the lumbar intervertebral spaces on palpation. There was palpable twitch positive trigger points in the lumbar paraspinal muscles. The anterior flexion of the lumbar spine was 50 degrees. Extension was 15 degrees. The treatment plan included prescriptions for Soma and Pantoprazole. There were no sensory or motor deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Soma 350mg (quantity duration unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents on 06/23/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 03/21/83. Patient has no documented surgical history directed at this complaint. The request is for 120 SOMA 350MG (QUANTITY DURATION UNSPECIFIED). The RFA is dated 06/24/15. Physical examination dated 06/23/15 reveals positive straight leg raise test on the left, tenderness to palpation of the bilateral lumbar paraspinal muscles and intervertebral discs with spasms and trigger points noted throughout. Neurological examination reveals decreased sensation in the left lateral thigh. The patient is currently prescribed Soma, Norco, Ultram, and Pantoprazole. Patient is currently working. MTUS Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Guidelines, Muscle relaxants (for pain) section, page 63-63 under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 03/03/15. However, MTUS does not support the use of Soma for longer than 2-3 weeks. While this patient presents with significant chronic pain and reports that Soma is effective at allowing him to continue working, the request for 120 tablets in addition to prior use does not imply the intent to limit this medication's use to short-term. Therefore, the request IS NOT medically necessary.

60 Pantoprazole 20mg (quantity duration unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 69.

Decision rationale: The patient presents on 06/23/15 with lower back pain which radiates into the left lower extremity. The patient's date of injury is 03/21/83. Patient has no documented surgical history directed at this complaint. The request is for 60 pantoprazole 20mg (quantity duration unspecified). The RFA is dated 06/24/15. Physical examination dated 06/23/15 reveals positive straight leg raise test on the left, tenderness to palpation of the bilateral lumbar paraspinal muscles and intervertebral discs with spasms and trigger points noted throughout. Neurological examination reveals decreased sensation in the left lateral thigh. The patient is currently prescribed Soma, Norco, Ultram, and Pantoprazole. Patient is currently working. MTUS Guidelines NSAIDs, specific drug list & adverse effects section, pg. 69 states NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic

use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to the continuation of Pantoprazole, the request is appropriate. This patient has been prescribed Pantoprazole since at least 03/03/15 for GI upset secondary to medications. Per the most recent progress note, dated 06/23/15, it is noted that this patient's gastrointestinal symptoms are well controlled through the use of this medication and there has been no recurrence of GI upset. Given this patient's history of GI upset secondary to medication use, and the documentation of efficacy provided, the continuation of Pantoprazole is an appropriate prophylactic measure. The request IS medically necessary.