

Case Number:	CM15-0021503		
Date Assigned:	02/11/2015	Date of Injury:	11/25/2003
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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 is a 57-year-old female, who sustained an industrial injury on 11/25/03. The injured worker has complaints of low back pain, down into left buttocks and left lower extremity, radiates into thorax/shoulders. The diagnoses have included chronic lumbar spine pain and sacroiliac joint pain. Treatment to date has included physical therapy; chiropractic, acupuncture; Transcutaneous Electrical Nerve Stimulation (TENS) unit; pain pump implant and medications. According to the utilization review performed on 1/26/15, the requested Methacarbamol 750mg #60 with 3 refills and Omeprazole 40mg #30 has been non-certified. California Medical Treatment Utilization Schedule (MTUS) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methacarbamol 750mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Per the 12/02/14 report, the patient present with chronic lower back and SI joint pain. Pain radiates into the left buttock and left lower extremity. The current request is for METHOCARBAMOL 150mg #60 WITH 3 REFILLS. The RFA is not included; however, the 01/26/15 utilization review states it is dated 01/19/15. The patient is retired. MTUS page 63-66 for muscle relaxants (for pain) recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The reports provided for review show the patient has been prescribed the medications since at least 10/16/14. It does appear that this is a second line option as the patient is prescribed an opioid and an NSAID; however, it is indicated for short term use and the patient has been prescribed the medication on a long term basis. Furthermore, the request for #60 with 3 refills does not indicate short term use. The request IS NOT medically necessary.

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Per the 12/02/14 report the patient present with chronic lower back and SI joint pain. Pain radiates into the left buttock and left lower extremity. The current request is for OMEPRAZOLE 40mg #30. The RFA is not included; however, the 01/26/15 utilization review states it is dated 01/19/15. The patient is retired. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided show the patient has been prescribed this medication since at least 10/16/14. On 12/02/14 the treater states this medication is counteract dyspepsia experienced with unspecified medications related to her injury. The medical records show the patient is prescribed multiple medications including an NSAID Meloxicam. In this case, guidelines state that this medication is indicated for dyspepsia secondary to NSAID use. However, the treater does not state whether or not this medication helps the patient or if the patient has dyspepsia. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Furthermore, no GI assessment is documented as required by the MTUS guidelines. The request IS NOT medically necessary.