

Case Number:	CM15-0042893		
Date Assigned:	03/13/2015	Date of Injury:	04/03/2003
Decision Date:	05/27/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient, who sustained an industrial injury on 4/03/2003. The diagnoses include left lumbar radiculopathy, secondary depression and insomnia, and a history of Barret's esophagus. Per the doctor's note dated 1/27/2015, he had complains of lumbar discomfort, rated 6/10, and left lower extremity radiculopathy. He continued to use a transcutaneous electrical nerve stimulation unit and found it helpful with pain control. He reported improved depression and frustration due to pain, and upset stomach due to medication use. His physical examination revealed moderate paralumbar muscle spasm and mildly positive straight leg raise test on the left. His work status was permanent and stationary. The medications list includes Norco, Tylenol #3, Soma and Nexium. He has had lumbar MRI on 6/4/2014. He has undergone lumbar spinal surgery in 2010. He has had TENS for this injury. Physical therapy was authorized but not started yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Soma 350mg #30. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The CA MTUS chronic pain guidelines do not recommend soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation is not specified in the records provided. The medical necessity of Soma 350mg #30 is not medically necessary in this patient at this time.

Nexium 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: Nexium 40mg #30. Nexium contains esomeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the records provided the patient has abdominal/gastric symptoms with the use of NSAIDs. Patient is having history of Barrett's esophagus. PPI is medically appropriate and necessary to prevent GI upset in this patient. The request of Nexium 40mg #30 is medically appropriate and necessary for this patient.

Continued use of TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Continued use of TENS unit and supplies. Patient was using TENS for this injury. Response to TENS unit in terms of functional improvement and decreased need for medications is not specified in the records provided. According the cited guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit is also not fully established in this patient. The medical necessity of Continued use of TENS unit and supplies is not medically necessary for this patient.