

Case Number:	CM15-0062233		
Date Assigned:	04/08/2015	Date of Injury:	07/31/1999
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male, with a reported date of injury of 07/31/1999. The diagnoses include lumbar radiculopathy. Treatments to date have included physical therapy, oral medication, and topical pain medication. The comprehensive report dated 03/05/2015 indicates that the injured worker complained low back pain, rated 10 out of 10 on bad days and 6 out of 10 on good days. The pain radiated to his right knee and upper back, with tingling sensation. The injured worker also complained of knee pain, rated 8-10 out of 10, and tingling sensation and weakness in the right leg. The physical examination showed spasm in the lumbar paraspinal muscles, tenderness to palpation of the lumbar paraspinal muscles, reduced sensation in the right foot, and restricted lumbar range of motion. The treating physician requested Carisoprodol and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Carisoprodol 350mg tabs #60; 1 tab po bid, 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of carisoprodol, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for 3 Carisoprodol 350mg tabs #60; 1 tab po bid, 30 day fill is determined to not be medically necessary.

Omeprazole DR 20mg cap #30 1 cap po qd for GERD due to meds for chronic lumbar spine pain 30 day fill with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole DR 20mg cap #30 1 cap po qd for GERD due to meds for chronic lumbar spine pain 30 day fill with 3 refills is determined to not be medically necessary.