

Case Number:	CM15-0064545		
Date Assigned:	04/10/2015	Date of Injury:	06/24/2009
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 56 year old female sustained an industrial injury on 6/24/09. She subsequently reported low back pain. Diagnoses include cervical and lumbar strain. Treatments to date have included MRI, x-rays, chiropractic care, physical therapy, modified work duty, injections and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Prilosec, Soma and Motrin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 56 year old female with an injury on 06/24/2009. She had neck pain and low back pain. She continues to have low back pain. She has been treated with NSAIDS. She does not meet MTUS, Chronic Pain criteria for use of proton pump inhibitors since she is less than 65 years of age and there is no documentation of GI bleeding, peptic ulcer disease, or use of anticoagulants. Continued long term use of Prilosec with 60 tablets and 5 refills is not consistent with MTUS guidelines and is not medically necessary.

Soma 350 mg Qty 60 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient is a 56 year old female with an injury on 06/24/2009. She had neck pain and low back pain. She continues to have low back pain. According to MTUS, Chronic Pain guidelines, Soma is not a recommended treatment since it is metabolized to Meprobamate, a controlled substance that is addicting.

Motrin 800 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 56 year old female with an injury on 06/24/2009. She had neck pain and low back pain. She continues to have low back pain. According to MTUS, Chronic Pain guidelines NSAIDS should be used in the lowest dose for the shortest period of time since it can cause GI bleeding, renal disease, cardiovascular disease and liver disease. Also NSAIDS decrease soft tissue healing. Continued long term use of Motrin is not medically necessary.