MAXIMUS Federal Services

Case Number:	CM13-0014416		
Date Assigned:	10/03/2013	Date of Injury:	06/28/2000
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient with date of injury on 6/28/00. No records of mechanism of injury. Report reviews show multiple injury with L shoulder pain, low back pain and lower extremity weakness being the main complaints. Pain is recorded at 5/10 for knee and 6/10 for back. Exam shows L shoulder limited extension, positive for impingement. Lumbar spine with bilateral L4-S1 tenderness with limited flexion and decreased sensation in bilateral plantar surface. Diagnosis of cervical disk bulges, L shoulder impingement syndrome, lumbar DJD with disc bulges along multiple levels in lumbar region, R knee meniscal tear, patellar chondromalacia, various tendonitis. Noted L shoulder arthroscopic debridement and R knee chondroplasty. Last record of an assessment by a physician is dated 7/25/13 by [redacted]. Psychiatric assessment on 7/3/13 by psychiatrist [redacted] there documentation of potential depression, somatization disorder but no documentation of with some sleep disturbances. There is no documentation by psychiatrist to prescribe any sleep medication to patient. Review is for authorization of Norco 10/325mg #100 with 5 refills; Soma 350mg with 5 refills; Zantac 300mg #30 with 5refills; Restoril 30mg #30 with 5 refills and a urine drug screen. Utilization review on 8/13/13 recommended modification with only 1 refill of the Norco #100 with 1 refill and soma #30 with no refills. Recommended non certification of zantac and restoril. Urine drug screen was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Page(s): 76-79,88-89.

Decision rationale: The Physician Reviewer's decision rationale: Norco is a combination medication containing Hydrocodone, a short acting opioid and acetaminophen an NSAID. MTUS guidelines have specific recommendation for opioid use in chronic pain. There must be documentation as to actual improvement in pain with the use of the opioid, appropriate medication use, least reported pain, improvement in pain after taking the opioid and length of relief etc. and the "4 As" (Analgesia, activities of daily living, adverse side effects and aberrant drug behavior). Due to lack of any documentation of a proper pain assessment for chronic opioid therapy, I agree with prior utilization review recommending modification of the prescription. The amount or Norco prescribed is excessive and there is lack of documentation to support the prescription and is therefore not recommended.

Soma 350mg, #90 with 5 refills: 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 Opioid Page(s): 29.

Decision rationale: The Physician Reviewer's decision rationale: Soma or Carisoprodol is prescribed as a muscle relaxant. As per MTUS guidelines, it appears to mostly an anxiolytic and has a high risk of abuse. It is not recommended. There is a lack of evidence of efficacy. Soma has a risk of acute withdrawal and should not be abruptly stopped. Agree with prior utilization review to taper soma. As per guidelines, it is not recommended.

Zantac 300mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , non-steroidal anti-inflammatory drugs (Non-steroidal anti-infla.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: Zantac is a H2 blocker used for the treatment for gastritis or acid reflux. As per MTUS guidelines, pt has no gastroenterology (GI) risks. Pt has no GI complaints on record and does not meet the criteria for high risk GI events and is therefore not recommended

Restoril 30mg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain-Insomnia, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: Restoril is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. The prescription for the restoril was prescribed by orthopedics and not a primary physician or psychiatrist and is likely used for his chronic pain and not for sleep or anxiety. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. There is little evidence for its efficacy for pain. There is no documentation to support its use for insomnia, anxiety or other problems

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-77.

Decision rationale: The Physician Reviewer's decision rationale: Prior utilization review recommended certification. Urine Drug Screen(UDS) is used as part of a chronic pain program for chronic opioid use. As per MTUS guideline, UDS may be used as part of a chronic pain management program to determine illicit drug use and appropriate of opioid pain medication. It is medically necessary.