

Case Number:	CM13-0019782		
Date Assigned:	11/08/2013	Date of Injury:	03/29/2001
Decision Date:	05/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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:

The injured worker is a 52-year-old female who reported an injury on 03/29/2001, secondary to a fall. Current diagnoses include brachial neuritis, headache, neck pain, cervical osteoarthritis, cervical spinal stenosis, cervical radiculopathy, elbow pain, rotator cuff partial tear, AC joint pain, shoulder pain, and AC joint osteoarthritis. The injured worker was evaluated on 12/12/2013. The injured worker reported persistent cervical spine pain with headaches, bilateral shoulder pain, and right upper extremity pain. Physical examination revealed spasm in the cervical paraspinal and right shoulder region with painful range of motion. Current medications include Soma 350 mg, Norco 10/325 mg, and Protonix 20 mg. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CARISOPRODOL 350MG #30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized Soma 350 mg since 09/2012. The injured worker continues to demonstrate palpable muscle spasm. Satisfactory response to treatment has not been indicated. There is also no frequency listed in the current request. As such, the current request for prescription of Carisoprodol 350 mg #30 with 5 refills is not medically necessary.

PRESCRIPTION OF NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/APAP, WHEN TO DISCONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 09/2012. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request for prescription of Norco 10/325 MG #90 is not medically necessary.

UNKNOWN PRESCRIPTION OF PANTOPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no strength, frequency, or quantity listed in the current request. As such, the request for unknown prescription of Pantoprazole is not medically necessary.