

Case Number:	CM13-0022164		
Date Assigned:	12/11/2013	Date of Injury:	10/17/2006
Decision Date:	02/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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.

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 patient is a 43-year-old female who reported injury on 10/17/2006. The mechanism of injury was stated to be the patient was reaching for a document and felt pain. The patient was noted to have low back pain that radiated into the right leg. The pain was noted to be constant of 4/10 to 5/10. The diagnoses were noted to include right S1 radiculopathy and lumbar discogenic disease. The plan was noted to include medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox, 1 twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69-70.

Decision rationale: California MTUS Guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the patient has osteoarthritis and failed to provide the efficacy of the requested medication. Given the above, the request for Anaprox, 1 twice a day, #60 is not medically necessary.

Prilosec, once a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity as there was a lack of documentation indicating the patient had signs and symptoms of dyspepsia. Additionally, as Anaprox is not medically necessary, Prilosec is not medically necessary. Given the above, the request for Prilosec, once a day, #60 is not medically necessary.

Norco 1 to 2 tabs twice a day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing usage. Given the above, the request for Norco 1 to 2 tabs twice a day, #90 is not medically necessary

Soma, 1 tablet twice a day, no quantity given: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 week to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The clinical documentation submitted for review indicated the patient was able to manage her pain with the medications. However, there was a lack of documentation indicating the necessity for long term use of carisoprodol. There was a lack of documentation of

the quantity or strength being requested. Given the above, the request for Soma, 1 tablet twice a day, no quantity given is not medically necessary.