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| Case Number: | CM13-0024792 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 09/09/1998 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Anesthesiology, has a subspecialty in <MPR Pain Medicine and is licensed to practice in California and Texas. 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 49-year-old male who reported an injury on 10/19/2006 and has been treated for ongoing complaints of lower back pain described as dull, burning and intermittent. The pain also radiates into the bilateral buttocks with numbness and paresthesia noted as well as weakness. The patient's injury occurred after a motor vehicle accident and he has now been diagnosed as having lumbar disc displacement, post laminectomy syndrome of the lumbar region, degeneration of the lumbar intervertebral disc, and lumbar radiculopathy. The patient has utilized the treatments such as NSAIDs, rest, heat application, as well as opioid pain medication treatment. The physician is now requesting a decision about the Soma 350 mg, the Norco 10/325 mg, the Prilosec 20 mg, the 30 day supply of Proteolin, 30 day supply of Cartivisc, 30 day supply of Restone, and a 30 day supply of Anaprox 550 mg between the dates of 08/20/2013 and 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Soma 350mg (Express Scripts) between 8/20/2013 and 10/31/2013: Upheld

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

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

Decision rationale: Regarding the request for Soma, under California MTUS Guidelines, Carisoprodol is not recommended. This medication is not indicated for long-term use, although it is commonly prescribed as a central acting skeletal muscle relaxant whose primary active metabolite is meprobamate. As noted in the documentation, the patient has been taking this medication since at least 01/2007. Therefore, as recommended by California MTUS Guidelines, this medication should not be continued on the basis that it is not recommended for long-term use and there is no documentation with objective measurements showing the efficacy the medication has had towards reducing the patient's pain level. As such, the requested service is non-certified.

120 Norco 325-10mg (Express Script) between 8/20/2013 and 10/31/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the request for Norco 10/325 mg of 120 tablets total, under California MTUS Guidelines, patients who receive opioid therapy sometimes develop unexpected changes in the response to opioids. This may include the development of abnormal pain otherwise known as hyperalgesia, a change in pain pattern, or persistent pain at higher levels than expected. These types of changes occur in spite of continued increases of medications. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require a weaning period. As noted in the documentation, the patient has been utilizing Norco since at least 2009. Therefore, in regards to the request for ongoing use of Norco 10/325 mg, the recommendation cannot be warranted as this patient has been utilizing Norco with no significant decreases documented in regards to his pain relief. As such, the requested service is non-certified.

30 Prilosec 20mg (Express Scripts) between 8/20/2013 and 10/31/2013: Upheld

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

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

Decision rationale: In regards to the request for Prilosec 20 mg, under California MTUS Guidelines it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as omeprazole. The patient has been noted as taking NSAIDs in the past to help alleviate his discomfort pertaining to his low back pain. However, there is nothing in the documentation stating the patient is at high risk for gastrointestinal events that would necessitate the use of a proton pump

inhibitor as this time. Furthermore, due to the previous 2 requests being denied, the requested service cannot be fulfilled at this time. As such, the requested service is non-certified.

30 days supply Proteolin (Express Scripts) between 8/20/2013 and 10/31/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://optimedrx.com/images/products/proteolin_manuscript_200910.pdf

Decision rationale: Regarding the request for 30 days supply of Proteolin, this medication is not addressed under California MTUS, ACOEM or Official Disability Guidelines. Therefore, the web site Optimedrx.com has been referred to in this case. Under this web site it states that Proteolin is intended for the use and nutritional management of certain inflammatory processes and related pain symptoms. A process is specifically targeted by this product or trauma related inflammations of soft tissues and/or joints, anti-inflammatory process is related to chronic conditions such as arthritic joint condition. Under adverse effects, it is noted that Proteolin contains the ingredient curcumin which has been found to inhibit platelet aggregation suggesting a potential for an increased risk of bleeding in people taking anticoagulants or anti-platelet medications such as aspirin, clopidogrel, dalteparin, enoxaparin, heparin, ticlopidine, and warfarin. As noted in the documentation, the patient is currently taking Coumadin, due to his diagnosis of a pulmonary embolism. Therefore, under the recommendations supplied by this web site, the ongoing use of Proteolin would not be medically supported in the case of this patient. As such, the requested service is non-certified.

30 day supply Cartivisc (Express Scripts) between 8/20/2013 and 10/31/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : <http://www.webmd.com/drugs/drug-155108-Cartivisc+Oral.aspx?drugid=155108&drugname=Cartivisc+Oral&source=0&dmid=2170&dmtitle=GLUCOSAMINE-CHONDROITIN%2fCOUMARIN+ANTICOAGULANTS&intrtype=DRUG&pagenumber=9>

Decision rationale: Regarding the request for Cartivisc, California MTUS and ACOEM as well as Official Disability Guidelines do not address this medication. Overall, there is very little sufficient literature addressing this medication. The physician had originally requested this medication for use as a relief of joint pain. However, due to the inadequate amount of information available regarding this medication, its safe use cannot be regarded due to the patient utilizing other medications; including Coumadin. It is unknown if this medication may interact with his current medications putting him at risk for complications. Therefore, in regards to this patient's safety, the medication Cartivisc is not warranted.

30 day supply Restone (Express Scripts) between 8/20/2013 and 10/31/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/restone.html>.

Decision rationale: Regarding the request for Restone 30 day supply, California MTUS, ACOEM and Official Disability Guidelines do not address this medication. Therefore, Drugs.com has been referred to in this case. Under drugs.com it states that if a patient is taking any of the following medications, to include anticoagulants (for example warfarin), they would be advised to discontinue the use of Restone due to the drug interaction. As noted in the documentation, the patient was utilizing Coumadin for his diagnosis of pulmonary embolism. Therefore, in regards to the request of Restone for continued use as noted in the drug interaction stated under Drugs.com, the medication cannot be warranted for the safe use in this patient. Therefore, the requested service is non-certified

30 day supply of Anaprox 550mg (Express Scripts) between 8/20/2013 and 10/31/2013:

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 NONSELECTIVE NSAIDS Page(s): 71-73.

Decision rationale: Regarding the request for Anaprox 550 mg, under California MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended for use at the lowest dose for the shortest period in patients with moderate to severe pain. Anaprox is listed under nonselective NSAIDs, and is recommended at the doses of 275 mg up to 550 mg by mouth twice daily. As the requested service is for 550 mg, the patient would be taking the maximum allowed dosage. Although this medication may be beneficial in reducing the patient's overall pain in regards to his injury, there is no documentation stating the efficacy of the medication in regards to his pain reduction. Furthermore, due to the previous requests being non-certified, this medication cannot be fulfilled at this time. As such, the requested service is non-certified.