

Case Number:	CM13-0028042		
Date Assigned:	11/22/2013	Date of Injury:	11/29/2009
Decision Date:	01/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 , has a subspecialty in Interventional Spine 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.

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 45 y.o. with 11/29/09 date of injury suffers from depression, lumbosacral strain with radiculopathy, HNP and failed back syndrome. The patient is s/p laminotomy/discectomy from 9/8/10 at L5-1 level. Repeat surgery was from 5/31/11 but continues to experience pain in the low back and the leg. Denial letter from 9/19/13 is reviewed. The use of Norco was denied and recommended for a weaning due to lack of documentation of any pain scales, no information regarding functional changes. Other medications were denied due to lack of documentation regarding their efficacy. The 4/3/13 report by [REDACTED] is reviewed and chief complaints are constant pains in low back, neck and left leg, both hands, as well as continued anxiety and depression. Patient reports some lessening of discomfort with medication. But most of the time, nothing seemed to relieve the pain. Some questionnaires filled out show that the patient has a severe degree of anxiety and mild degree of depression. The 1/16/13 report by [REDACTED] is nearly identical. No numerical scale is provided regarding the use of medication and their efficacy. The 12/25/12 report does not show anything additional regarding the patient's meds. Other reports from 2012 do not show anything regarding the use of meds and their efficacy. Patient was on Norco, Soma and ibuprofen. No discussion of any side effects such as GI complications. 8/29/12 QME report by [REDACTED] was reviewed for any signs of the effectiveness of medication being used. It mentions, "She continues on medications including Norco, Soma, and Mobic." Pains are rated at 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Guidelines do not support the use of Soma for long-term. Review of the medical records submitted show that this employee has been on Soma at least from 2012. The request for Carisoprodol 350 mg is not medically necessary and appropriate.

Hydrocodone/Acetaminophen 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 88-89.

Decision rationale: Having reviewed about one year of medical records, I do not see a single incident where the employee's pain scales were provided to demonstrate any effectiveness from the use of Norco. The treating physician does mention that medications provide reduction of some discomfort but this is grossly inadequate. I clearly see that this employee suffers chronic pain and may require the use of opiates. However, if the treating physician does not provide before and after pain levels, directly link that employee's functional improvement to the use of medication, and at least once every six months, provide a validated numerical functional scale as required by the California MTUS, the use of Norco cannot be recommended. The employee's pain level is noted at 10/10 and this despite a long-term use of opiates. There is no evidence that Norco is doing anything for this patient. The request for Hydrocodone/Acetaminophen 5/325 mg is not medically necessary and appropriate.

Ibuprofen 600 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Section Page(s): 22.

Decision rationale: Review of the medical records provided show that this employee suffers from chronic pain condition. Page 22 of the California MTUS Guidelines does support use of NSAIDs for chronic musculoskeletal pain condition. Use of NSAIDs do not require as rigorous documentation of efficacy. Upon review of the medical records provided and based on the diagnosis and MTUS, I would recommend authorization.The request for Ibuprofen 600 mg is medically necessary and appropriate.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 69.

Decision rationale: Review of the medical records provided for review does not document any GI side effects, and there are no profiling of the employee's risk factors. Based on review of the records, I cannot determine that this employee is at any risk of GI side effects from long-term use of Motrin. The California MTUS Guidelines does not recommend routine use of GI prophylaxis without documentation of risk. The request for Omeprazole 20 mg is not medically necessary and appropriate.

Amitriptyline 25 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Section Page(s): 15.

Decision rationale: Review of the medical records show the employee clearly suffers from chronic radiculopathy having undergone 2 operations for the lumbar spine. The employee continues to experience chronic leg pain likely neuropathic in origin. The California MTUS supports the use of tricyclics for the treatment of neuropathic pain. The request for Amitriptyline 25 mg is medically necessary and appropriate /JR.