

Case Number:	CM13-0036041		
Date Assigned:	03/19/2014	Date of Injury:	07/31/2001
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Practice, has a subspecialty in Preventative 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 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 72 year old female claimant sustained a work injury on 7/31/01 resulting in chronic, spine, neck and elbow pain. She had a diagnosis of lumbosacral neuritis, chronic pain syndrome, lateral epicondylitis, and cervical radiculopathy. An examination report on 9/9/13 indicated 8-9/10 back pain radiating to the legs with paraspinal stiffness. She was continued on Norco and Carsiprodolol for pain. She has difficulty sleeping for which she was given Ambien, which helped her over trazadone. She was also switched from Pantoprazole to Omeprazole for heartburn symptoms. She had been on Norco and Carsiprodolol since 2012 as well as Omeprazole (or equivalent heart burn medication). She had been on Trazadone for a few months for insomnia before being recently switched.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG (SOMA TABLET),: Upheld

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

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

Decision rationale: Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). In this case, the claimant had been using Soma for over a year. It is not medically necessary to use this medication for chronic pain as outlined above.

HYDROCODONE 10/325 (NORCO) TABLET,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no improvement in pain scale. The continued use of Norco is not medically necessary.

OMERPRAZOLE 20MG (PRILOSEC),: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 68.

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of Gastrointestinal (GI) events or antiplatelet use that would place the claimant at risk. Furthermore, the Omeprazole has been used for over a year without clear

AMBIEN 10MG (ZOLPIDEM): 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) Insomnia medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

Decision rationale: In this case, the Ambien prescribed for immediate release is beyond the 10 day amount recommended. In addition, due to the risk of death, women and elderly should be on 5 mg daily. The dosage and length of time prescribed for Ambien is not medically necessary.