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| Case Number: | CM13-0067640 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/09/2010 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Occupational 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:

Patient is a 63 year old male with dates of injury: CT 08/2009-04/2010, CT 12/2003-11/2008, and SP 04/09/10; 07/17/08. Patient worked as a heavy equipment operator and experienced cumulative trauma type injuries over time from December 2003 through November 2008 and again from August 2009 through April 2010. He sustained injuries to his back, legs, left shoulder/ arm and hand and left hip. He received a total hip replacement in 2005. The orthopedic surgeon's panel qualified medical reevaluation, dated 9/24/2013, lists subjective complaints as: decreased grip and frequent pain in the left thumb and pain with repetitive twisting and turning or gripping, constant low back pain more on the left side which increases with prolonged sitting, standing or walking. He also complains of constant hip and left thigh pain. Objective findings: examination of elbows and forearms were normal with no tenderness. There is palpable tenderness of the left paravertebral muscles in the lumbar region of the spine and examination of the hips was normal with no tenderness. Diagnosis: 1. L1-2 moderate stenosis 2. Lumbar disc degeneration/ stenosis 3. L5-S1 stenosis 4. Status post hardware removal L3-5 in 2008 5. Right carpal tunnel and cubital tunnel syndrome, status post release in 2012 6. Left hip degenerative joint disease 7. Status post left total hip arthroplasty 8. L5-S1 disc degeneration 9. Bilateral lumbar radiculopathy 10. Status post L3-5 fusion in 2006 11. Status post L2-3 decompression and fusion in 2010 12. Status post spinal cord stimulator placement in 2011. Patient was determined to have reached maximum medical improvement with regard to the right hand and wrist and is permanent and stationary as of 9/24/2013. Patient was determined to have reached maximum medical improvement regarding his lumbar spine and his left hip and was considered permanent and stationary as of 7/31/2012. Medications: Norco 10/325, one q.4-8 hours p.r.n.; Ultram 150 mg, one q.4-6 hours p.r.n.; Prilosec 20 mg, one b.i.d.; soma 350 mg, one t.i.d. p.r.n.; Ambien 10 mg, one q.h.s. p.r.n. sleep; amlodipine; clonidine; Lopressor; hydrochlorothiazide;

Neurontin; Flomax; Feldene. The medical record indicates the patient has been taking narcotics and muscle relaxants for at least 18 months

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS 7/10/13, SOMA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§Â§9792.20 - 9792.26 Page(s): 63.

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Soma is not medically necessary.

RETROSPECTIVE DOS 4/10/13, SOMA 350MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§Â§9792.20 - 9792.26 Page(s): 63.

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Soma is not medically necessary.

RETROSPECTIVE DOS 10/9/13, PRILOSEC 20MG 1 BID, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole.

RETROSPECTIVE DOS 7/10/13, PRILOSEC 20MG 1 BID, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole.

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RETROSPECTIVE DOS 10/19/12, PRILOSEC 20MG 1 BID, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a

Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole.

RETROSPECTIVE DOS 7/10/13, AMBIEN 10MG: 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 Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®)

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien is not medically necessary.

RETROSPECTIVE DOS 10/9/13, ULTRAM 150MG, 1 TAB Q4-6H, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Ultram 150 mg is not medically necessary.

RETROSPECTIVE DOS 10/19/12, FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril is not medically necessary.

RETROSPECTIVE DOS 10/9/13, NORCO 10/325 1 Q4-6H AS NEEDED, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.

RETROSPECTIVE DOS 7/10/13, NORCO 10/325 1 Q4-6H AS NEEDED, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.

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