

<b>Case Number:</b>	CM14-0004592		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation, 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 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 patient is a 67-year-old male with a date of injury of 10/19/2011. The listed diagnoses are: Cervical radiculopathy, Bilateral shoulder impingement syndrome, Lumbar radiculopathy, Status post discectomy, Anxiety reaction, and Gastropathy secondary to taking non-steroidal anti-inflammatory. According to progress report 05/16/2013 by the physician, the patient presents with persistent low back and neck pain that radiates into the legs. MRI of the lumbar spine for 03/28/2013 revealed L4-5 a disk desiccation with 4-5mm disk protrusion with central canal and foraminal stenosis. The patient was treated with conservative treatments including physical therapy, acupuncture, chiropractic treatment, lumbar ESI and medications. On 06/05/2013, the patient ultimately underwent lumbar discectomy and continued to be symptomatic post surgery. Initial Report 12/19/2013 by The physician states, the patient presents with cervical spine, bilateral shoulder, bilateral elbow, bilateral hand/wrist, lumbar spine, bilateral legs, bilateral knees and feet pain. The patient also complains of sleep difficulty, bouts of depression, stress and anxiety. The physician recommended "Hydrocodone 5/325 mg one tablet bid #60, Carisoprodol 350 mg one tablet bid #60, and omeprazole DR 20 mg once daily #30." Utilization review denied the request on 01/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20MG DAILY #30:** Overturned

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

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

**Decision rationale:** This patient presents with cervical and lumbar radiculopathy, bilateral shoulder impingement, anxiety, and gastropathy. The patient is status post lumbar discectomy on 06/05/2013 and continues to be symptomatic. The treater is requesting omeprazole 20 mg #30. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has chronic pain and has been taking medications since 2011. The patient suffers from gastropathy from taking NSAIDs on a long-term basis. Recommendation is for approval.

**CARISOPRADOL 350MG BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 29,85.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63.

**Decision rationale:** This patient presents with cervical and lumbar radiculopathy, bilateral shoulder impingement, anxiety, and gastropathy. The patient is status post lumbar discectomy on 06/05/2013 and continues to be symptomatic. The treater is requesting Carisopradol 350mg #60. For muscle relaxants, the MTUS Guidelines page 63 states, "recommended non-sedating muscle relaxants with caution as a second option for short-term treatment of acute exacerbation of patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit on NSAIDs and pain, and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence." In this case, the treater is prescribing Carisoprodol for long term use and medical records show the patient was previously taking Flexeril since 06/05/2013. Muscle relaxants are not recommended for long-term use by MTUS Guidelines. The requested Carisopradol is not medically necessary and recommendation is for denial.

**HYDROCODONE (NORCO) 5/325MG BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

**Decision rationale:** This patient presents with cervical and lumbar radiculopathy, bilateral shoulder impingement, anxiety, and gastropathy. The patient is status post lumbar discectomy on 06/05/2013 and continues to be symptomatic. The treater is requesting a refill of Hydrocodone 5/325mg #60. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the monthly progress reports following the surgery indicates the patient presents with ongoing pain and utilizes Norco. However, none of the reports provide any discussion of functional improvement or decrease in pain from taking Hydrocodone. Furthermore, there is no "pain assessment" as required by MTUS for chronic opioid use. Recommendation is for denial.