

Case Number:	CM14-0104084		
Date Assigned:	07/30/2014	Date of Injury:	12/03/2003
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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 patient is a 33-year-old female who has submitted a claim for lumbar radiculitis and cervicalgia associated with an industrial injury date of 12/3/2003. Medical records from 2012 to 2014 were reviewed. Patient complained of neck and low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Patient reported that she was able to decrease intake of Norco from 4 tabs per day to two tablets per day. Physical examination of the lumbar spine showed tenderness, restricted motion and positive facet loading test. Motor strength was 4/5 at the left lower extremity. Sensation was diminished the left lower extremity. Straight leg raise test was positive on the left at 60 degrees. Treatment to date has included epidural steroid injection, physical therapy, and medications such as Ranitidine, Cymbalta, Gabapentin, Celebrex, Soma, Ambien, Norco, and Nortriptyline (since January 2014). A Utilization review from 6/17/2014 denied the request for Norco 325 mg-10 mg tablet 1 tab(s) q 4 hours NTE 6/day because of no evidence of pain relief and improved functional capacity; denied Soma 350 mg tablet 1 tab(s) BID pm because there was no discussion why Soma would be indicated despite adverse evidence; and denied Ranitidine 150 mg tab BID because of lack of indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 mg-10 mg tablet 1 tab(s) q 4 hours NTE 6/day: 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): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since January 2014. She was able to decrease intake of Norco from 4 tablets to 2 tablets daily. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screens were likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 325 mg-10 mg tablet 1 tab(s) q 4 hours NTE 6/day is not medically necessary.

Soma 350 mg tablet 1 tab(s) BID pm: Upheld

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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient has been on Carisoprodol since January 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, this medication is being requested together with opioids, which is not recommended by the guidelines due to high potential of abuse. Muscle spasms were also not evident based on the most recent progress reports. Therefore, the request for Soma 350 mg tablet 1 tab(s) BID pm is not medically necessary.

Ranitidine 150 mg tab BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that ranitidine is an H₂ receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In this case, patient has been on ranitidine since January 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not present with any gastrointestinal risk factors. The guideline criteria were not met. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Ranitidine 150mg BID is not medically necessary.