

<b>Case Number:</b>	CM14-0017569		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for cervical disc without myelopathy, and lumbar intervertebral disc syndrome associated with an industrial injury date of 12/21/1998. Treatment to date has included cervical epidural steroid injections (ESI) x 2 on 10/10/03 and 08/25/2004, lumbar ESI, chiropractic care, and oral medications. Utilization review from 02/11/2014 denied the requests for Norco due to lack of documented compliance with the pain management contractual, as well as no defined functional gains derived from its use; Soma due to lack of sufficient information necessitating its use; Naprosyn because of absence of documented functional improvement; and Prilosec due to discontinuation / reduction in use of NSAIDs which may also decrease the gastrointestinal side effects. Medical records from 2013 were reviewed showing that patient complained of neck, and lower back pain, as well as gastric upset. Physical examination showed tenderness at paracervical and paralumbar areas with muscle rigidity. There were numerous trigger points at paracervical muscles, upper trapezius, medial scapular and suboccipital regions bilaterally. Range of motion of the cervical and lumbar spine was restricted. Motor strength was 5/5 at all extremities. Grip strength was 85/90/90 on the right and 85/80/85 on the left. Deep tendon reflexes were equal and symmetric. Sensation at C5-C6 and L5-S1 dermatomes bilaterally was decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97, 91.

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

**Decision rationale:** As stated in the 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. In this case, the earliest progress report stating the patient's use of Norco was written in 2012. The medical records do not clearly reflect continued analgesia or continued functional benefit from its use. Furthermore, the result of urine drug screen on 10/18/2013 revealed undetected levels for hydrocodone/hydromorphone which is not consistent with the prescribed medications. While there has been no discussion of aberrant behavior, there has also been no management response from the inconsistent results. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco is not medically necessary.

**SOMA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 65.

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

**Decision rationale:** As stated in the 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, the start of the patient's intake of Soma is unclear due to lack of documentation. Furthermore, this medication is being requested together with hydrocodone/acetaminophen (Norco) which is not recommended by the guidelines for use simultaneously due to a high potential of abuse. Therefore, the request for Soma is not medically necessary.

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68-69.

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

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI

bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records submitted document the employee has gastrointestinal upset which may be secondary to usage of naproxen. However, there were no objective findings to support this claim. Furthermore, the present request does not specify the dosage and frequency of intake; as well as the amount of medication to dispense. Therefore, the request for Prilosec is not medically necessary.

**NAPROSYN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the start of the patient's intake of Naprosyn is unclear due to lack of documentation. There is likewise no evidence that its use has resulted to pain relief. Furthermore, the present request does not specify the dosage and frequency of intake; as well as the amount of medication to dispense. Therefore, the request for Naprosyn is not medically necessary.