

Case Number:	CM14-0019965		
Date Assigned:	04/30/2014	Date of Injury:	12/03/2003
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 32-year-old female who reported an injury on 12/03/2003. The mechanism of injury was not provided. The clinical note dated 01/21/2014 reported the injured worker complained of cervical and lumbar spine pain with bilateral lower extremity numbness/tingling. The injured worker reportedly stated her pain was rated at a 5/10. The injured worker had epidural steroid injections in 08/2011, 12/2012, and 04/2013 with 70-100% pain relief. The injured worker's medication regimen included Ambien, Imitrex, Nizatidine, Norco, Soma, Nortriptyline, Celebrex, Gabapentin, and Cymbalta. The physical examination reported the lumbar range of motion is limited in flexion, extension, lateral rotation and lateral bending with a 4/5 motor strength in the lower left extremity and 5/5 in the right lower extremity. There was a negative straight leg raise. The diagnoses included lumbar disc with radiculitis and low back pain. The treatment was to refill medications, imaging studies and repeat epidural steroid injections. The request for authorization was submitted on 01/30/2014. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: The request for Norco 10/325mg #180 with 2 refills is not medically necessary. The injured worker has a history of cervical and lumbar spine pain with bilateral lower extremity numbness/tingling. The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks) but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical notes show the injured worker has been taking Norco since approximately 07/2013, which exceeds the guideline recommendation. In addition, there is a lack of documentation indicating the injured worker had quantifiable objective functional improvement with the medication and the requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Norco 10/325mg #180 with 2 refills is not medically necessary.

SOMA 350 MG #50 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
Page(s): 63-65.

Decision rationale: The request for Soma 350mg #50 with 2 refills is not medically necessary. The injured worker has a history of cervical and lumbar spine pain with bilateral lower extremity numbness/tingling. The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Further, the guidelines do not recommend Soma longer than a 2 to 3 week period. The guidelines also state in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical information, provided for review, shows the injured worker has been taking this medication since approximately 07/2013 which far exceeds the short term treatment of no longer than 2-3 weeks. Additionally, there is no evidence, within the provided documentation; to support this medication has been effective. Therefore, the request for Soma 350mg #50 with 2 refills is not medically necessary.

RANITIDINE TABLET 150 MG WITH 2 REFILLS: 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 NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Ranitidine Tablet 150mg with 2 refills is not medically necessary. The injured worker has a history of cervical and lumbar spine pain with bilateral lower extremity numbness/tingling. The CA MTUS recommendation for the treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The clinical information, submitted for review, failed to provide evidence the NSAID she is currently taking was stopped or switched based on a diagnosis of dyspepsia. Therefore, the request for Ranitidine Tablet 150mg with 2 refills is not medically necessary.