

Case Number:	CM14-0116391		
Date Assigned:	08/04/2014	Date of Injury:	07/09/2002
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 70-year-old female who reported an injury on 07/09/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included 3 lumbar spine fusions including fusion and spinal cord stimulator implantation. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was evaluated on 07/07/2014. It was noted that the injured worker had 6/10 pain and that the injured worker's weakness due to pain was well controlled with the use of Norco. It was documented that the injured worker had increased activity to include the ability to participate in activities of daily living and walking her 3 dogs due to medication usage. The injured worker's medications included Pepcid 40 mg, Norco 10/325 mg, Soma 350 mg, and gabapentin 800 mg. No request for authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 40mg #30 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's & #39;s Drug Consult, Mosby, Inc (e.g., Zollinger-Ellison Syndrome, multiple endocrine adenomas).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal symptoms to support that they are at continued risk for developing gastrointestinal related disturbances due to medication usage. Additionally, the request includes 3 refills. This does not allow for timely reassessment to support efficacy of the requested medication. Furthermore, the request as it is submitted does not clearly identify frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pepcid 40 mg #30 with 3 refills is not medically necessary or appropriate.

Soma 350mg #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) (Reeves, 1999) (Schears, 2004). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary /Muscle Relaxants.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of this medication for short durations of treatment for acute exacerbations of chronic pain not to exceed 2 to 3 weeks. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for several months. This, in combination with the requested refill and 3 additional refills, exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350 mg #90 with 3 refills is not medically necessary or appropriate.

Norco 10/325mg #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has increased functional benefit from the use of this

medication. However, a quantitative assessment effort of reduction in pain due to medication usage is not provided. Furthermore, the clinical documentation does not indicate that the injured worker is regularly monitored for aberrant behavior. Additionally, the request as it is submitted is for 3 refills. This does not allow for timely reassessment and re-evaluation to support ongoing use of opioids. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such the requested Norco 10/325 mg #90 with 3 refills is not medically necessary or appropriate.

Gabapentin 800mg:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of this medication be supported by at least 30% pain relief and an increase in functional capabilities. The clinical documentation does not provide any evidence of a quantitative assessment of a reduction in pain due to the use of this medication. Furthermore, the request as it is submitted does not clearly define a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested gabapentin 800 mg is not medically necessary or appropriate.