

<b>Case Number:</b>	CM14-0122737		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 & Pain Medicine and is licensed to practice in 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 58-year-old female who reported an injury on 04/22/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/18/2014 indicated diagnoses of bilateral knee pain, right iliopsoas bursitis, and myofascial pain syndrome, neuropathy. The injured worker reported bilateral knee pain, right hip, right wrist, aggravated by prolonged standing and walking. The injured worker rated her pain 7.5/10. The injured worker reported benefit from her medication. On physical exam, there was tenderness to the anterior right hip area of the iliopsoas bursa, tenderness to the bilateral infrapatella region, decreased inflammation with knees. The injured worker's treatment plan included refill Mobic, Norco, continue home exercise, and continue with gym, stretching and muscle relaxants. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Mobic, Norco, Soma, and Protonix. The provider submitted a request for Protonix, Norco, and Soma. A Request for Authorization was submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

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

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

**Decision rationale:** The request for Protonix 20mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (Proton Pump Inhibitor) (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforation, or ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there was lack of documentation of efficacy and functional improvement with the use of Protonix. Therefore, the request of Protonix 20mg #60 is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

**Decision rationale:** The request for Norco 10/325mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk of aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request of Norco 10/325mg #60 is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available) Page.

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

**Decision rationale:** The request for Soma 350mg #60 is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is a lack of documentation of efficacy and functional improvement. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request of Soma 350mg #60 is not medically necessary.