

Case Number:	CM14-0135406		
Date Assigned:	08/29/2014	Date of Injury:	03/17/2003
Decision Date:	09/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 03/17/2003. While working, she suffered an industrial injury, mechanism unspecified. The injured worker had a history of lower back pain. The injured worker had diagnoses of chronic pain syndrome, lumbago, unspecified esophagitis, spasm of muscle, chronic migraine, insomnia, and failed back surgery/post laminectomy syndrome lumbar. The medications included Trazodone 300 mg, Diazepam 5 mg, Toprol XL 25 mg, Norco 10/325 mg, Soma 350 mg, Naproxen 500 mg, and Protonix 40 mg. The past treatments included medications and a urinalysis. The objective findings dated 07/30/2014 of the lumbar spine revealed tenderness to palpation over the lumbosacral spine, pain with extension past neutral, no sacroiliac joint tenderness, lumbar paraspinal muscle spasm on the left, and lumbar paraspinal muscle spasm on the right. The neurological exam revealed nonfocal, motor strength normal of the bilateral upper and lower extremities, sensory exam intact, and reflexes 2+ and symmetric. The prior surgeries included a fusion to the L3-4 and L5 dated 2004, hardware removal at the L5-S1 in 2004, IT pump and removal, bilateral joint removal, and laminectomy in 2006. The treatment plan included medication renewal, 12 sessions of physical therapy, and follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; When to discontinue Opioids; When to Continue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for 1 prescription of Norco 10/325mg #150 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The urinalysis dated 05/14/2014 revealed a value of 2210 for Oxycodone per nanogram/mL that is consistent with potential aberrant behavior. The clinical note dated 07/30/2014 indicated that the injured worker was going down from 10/325 mg to 7.5/325 mg. The injured worker's injury was in 2003. The injured worker should have been tapered down from the Norco. The clinical notes did not indicate the measurable efficacy of the narcotic. The request did not address the frequency. As such, the request is not medically necessary.

1 prescription of Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The request for 1 prescription of Soma 350mg #120 is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 week to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The clinical notes indicate that the injured worker was prescribed the Soma 350 mg on 06/04/2014 and again on 07/30/2014, exceeding the recommended 2 week to 3 week period. The request did not indicate frequency. As such, the request is not medically necessary.

1 prescription of Naproxen 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; regarding anti-inflammatory drug (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for 1 prescription of Naproxen 500mg #30 is not medically necessary. The California MTUS indicates that naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the clinical notes, the injured worker did not have a diagnosis of osteoarthritis. The request did not address the frequency. As such, the request is not medically necessary.

1 prescription of Protonix 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

Decision rationale: The request for 1 prescription of Protonix 40mg #30 is not medically necessary. The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical notes were not evident that injured worker had had a periodic lab monitoring of a CBC and chemistry profile started within the 4 to 8 weeks after starting therapy. The request did not indicate the frequency. As such, the request is not medically necessary.