

Case Number:	CM14-0155566		
Date Assigned:	09/25/2014	Date of Injury:	11/09/1999
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine 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 claimant was injured on 10/09/99. The mechanism of injury is unknown. Nexium, Soma, and Norco are under review. There is an AME supplemental report dated 11/06/07. The claimant has multiple medical problems and is status post rotator cuff repair. She also had an MRI of the cervical spine. She underwent repeat surgical intervention to her right shoulder on 04/19/06 and had postop PT. She continued conservative treatment. She had not returned to any work activity. She had ongoing neck pain, right shoulder pain, left wrist pain, low back pain, and ankle pain. She is status post cervical fusion and right shoulder surgery. She is also status post left distal radius fracture and left carpal tunnel release with left thumb ligament reconstruction. She has chronic lumbar sprain with multilevel disc bulges. She is status post a left ankle fracture and arthroscopic surgery. She complains of tenderness and limited and painful range of motion. She reportedly developed GERD and irritable bowel syndrome due to the use of anti-inflammatory medications and steroids. She also has been evaluated for TMJ and bruxism. On 10/29/13, she had a neurosurgical evaluation. She was awaiting an orthopedic consultation for her left shoulder. Aquatic therapy was recommended. On 08/18/14, she reported having difficulty getting her medications covered. Her hydrocodone was acutely discontinued and she had to pay for her medications. She still had chronic pain. She had multiple pain complaints including headache, fibromyalgia, frozen right shoulder, severe coccydynia, chronic low back pain and post laminotomy cervical pain syndrome. Nexium had been prescribed and had been approved for GERD. She was still requiring Soma and Norco. She was on a stable dose. She had tried other opioids, also. She has bilateral frozen shoulders. She had severe tenderness of the left shoulder. She had painful and limited range of motion of the low back. Right shoulder range of motion was more impaired than the left according to a note dated 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Nexium

Decision rationale: The history and documentation do not objectively support the request for Nexium 40 mg #30. The MTUS state re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is evidence of gastritis for which Nexium has been prescribed but the ODG does not recommend Nexium and states "a trial of omeprazole or Lansoprazole is recommended before Nexium therapy." There is no documentation of failed trials of other PPIs prior to the use of Nexium. Continued use of any medication can only be recommended when clear benefit has been documented, including improved function for the treated person. In this case, the claimant's pattern of use of this medication and the specific benefit she receives are not described. The medical necessity of the use of Nexium 40 mg has not been clearly demonstrated.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol Use of medications Page(s): 60, 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Soma 350 mg #90. The MTUS state that Carisoprodol is "not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following, increasing sedation of benzodiazepines or alcohol, use to prevent side effects of cocaine, use with tramadol to produce relaxation and euphoria, as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail") and as a combination

with codeine (referred to as "Soma Coma"). There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and Meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from Meprobamate. The MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical necessity of the use of Soma has not been clearly demonstrated. The specific objective measurable and functional benefits to the claimant of the continued use of this medication which is not supported for chronic use by the MTUS have not been described. The medical necessity of its use has not been clearly demonstrated.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325 #90. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant.

and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 10/325 mg has not been clearly demonstrated.