

Case Number:	CM14-0156760		
Date Assigned:	09/26/2014	Date of Injury:	01/26/2009
Decision Date:	12/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

This is a 33-year-old male with a 1/26/09 date of injury. According to a progress report dated 8/19/14, the patient reported no significant improvement since the last exam. He continued to have throbbing left shoulder pain and increased left elbow pain. He needed to continue taking medications for pain. The medications allowed him to function and work with manageable pain. Objective findings: anterior left shoulder tender to palpation, restricted range of motion, positive impingement sign, lateral left elbow tender to palpation, positive Cozen's/lateral epicondyle sign, thoracolumbar paravertebral muscles tender with spasms, restricted range of motion. Diagnostic impression: derangement of shoulder joint, lateral epicondylitis, lumbar radiculopathy. Treatment to date: medication management, activity modification. A UR decision dated 8/28/14 denied the requests for Omeprazole, Carisoprodol, and Norco. Regarding Omeprazole, the medical records do not clearly outline a diagnosis or risk factors for which the patient requires gastrointestinal prophylaxis. Regarding Carisoprodol, guidelines do not support this medication long-term, particularly in combination with hydrocodone, which the patient is also taking. Regarding Norco, the records do not document the four A's of opioid management. The rationale or functional benefits and indication overall for opioid use, is not apparent from the medical records and guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 Refill-2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, this patient's medication regimen consists of the NSAID, naproxen. Guidelines support the use of omeprazole for prophylaxis of NSAID-induced gastritis in patients utilizing chronic NSAID therapy. Therefore, the request for Omeprazole DR 20mg #30 Refill-2 was medically necessary.

Carisoprodol 350mg #60 Refill-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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 is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, according to the records provided for review, this patient has been taking Carisoprodol since at least 4/23/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, this patient is noted to be taking Norco. Guidelines do not support the concurrent use of Carisoprodol and opioid medications. Therefore, the request for Carisoprodol 350mg #60 Refill-2 was not medically necessary.

Hydrocodone (Norco 5-325mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone (Norco 5-325mg) #90 was not medically necessary.