

Case Number:	CM14-0161586		
Date Assigned:	10/07/2014	Date of Injury:	05/28/2014
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52-year old female who sustained an industrial injury on 05/28/14. The mechanism of injury was slip and fall while processing mushrooms. Her complaints were in low back and buttocks. Her medications included Naprosyn, Tylenol #3, Vicodin and Norvasc. She was noted to not have gastrointestinal symptoms during her visit on 08/14/14. The progress note from 08/26/14 was reviewed. Subjective complaints included low back pain 7-8/10 radiating to her buttocks area and back of her thigh. She complained of ongoing depression and anxiety. Objective findings included decreased range of motion, muscle guarding and spasms present; there was paraspinal muscle tenderness to palpation and tenderness to the gluteal areas. The diagnoses included status post lumbar spine and gluteal contusion and moderate depression with anxiety. The plan of care included EMG/NCV of bilateral lower extremities, MRI of lumbar spine and pelvis, Physical therapy, Prilosec 20mg BID, Motrin 800mg #90, Soma 350mg #45 and Vicodin 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mb 1 tablet by mouth every 6-8 hours as needed #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Vicodin since June 2014. There is no evidence that there is functional improvement from taking Vicodin and there is no documentation of improvement of pain on a numerical scale. She was reported not to be working. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on improvement of pain, functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco have not been met. The request for Norco 5/325mg is not medically necessary or appropriate.

Motrin 800mg 1 tablet by mouth 3 times a day #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended as an option for short term symptomatic relief of low back pain. The employee had ongoing pain without any notable side effects for NSAIDs. Hence the request for Motrin 800mg #90 is medically necessary and appropriate.

Prilosec 20mg 1 tablet by mouth twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and Cardiovascular Page(s): 68.

Decision rationale: The chronic pain guidelines recommend proton pump inhibitors in the treatment of NSAID-induced dyspepsia. The review of the medical records does not indicate that there is a diagnosis of dyspepsia, NSAID-induced or otherwise. The limited information given suggests that employee is being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition, there was lack of evidence in the available records to support that the employee was using multiple NSAIDs in conjunction with corticosteroids and was also not greater than 65 years of age. Request for Prilosec is not medically necessary and appropriate.

Soma 350mg 1 tablet by mouth twice a day as needed #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Carisoprodol is an antispasmodic that is used to decrease muscle spasms. MTUS Chronic Pain Medical Treatment Guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The request was for one month of Carisoprodol or Soma. In this case, the employee was prescribed Soma for long term control of spasms and hence the medical necessity for Soma is not met.