

Case Number:	CM14-0021283		
Date Assigned:	05/07/2014	Date of Injury:	09/10/2002
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 patient is a 61-year-old female who has filed a claim for chronic pain associated with an industrial injury date of September 10, 2002. Review of the progress notes indicates pain of the left shoulder worse with overhead activities; and low back pain radiating into the lower extremities up to the feet, more on the left. Of note, the patient had an episode of falling (November 2013) after the left shoulder surgery with pain in the biceps area. Clinical findings include decreased range of motion of the left shoulder, and decreased grip strength on the left. The examination of the lumbar spine showed muscle guarding and spasms, and decreased range of motion. A left shoulder x-ray dated November 04, 2013 showed shoulder prosthesis in satisfactory position with no evidence of loosening. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, home exercise program, opioids, muscle relaxants, gabapentin, sedatives, antidepressants, cervical spinal surgery, lumbar spinal surgery in September 2008, and left total shoulder arthroplasty on October 07, 2013. A utilization review from February 10, 2014 denied the requests for Soma 350mg #90 with three refills as this is not supported for chronic use, and there were no acute spasms; omeprazole 20mg #30 with one refill as there is no use of NSAIDs; and Lexapro 10mg #30 with three refills as this is not supported for chronic pain. There was modified certification for Percocet 7.5mg for #90 for weaning, as there was no documentation of efficacy; and for referral to pain management for consult for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 (with three (3) refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29, 65.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended for long-term use. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. In this case, the patient has been on this medication since October 2013. There is no documentation of acute exacerbation of pain, and this medication is not recommended for chronic use. Therefore, the request for Soma 350mg #90 (with three (3) refills) is not medically necessary.

Percocet 7.5mg #120 (with no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 83 & 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78-82.

Decision rationale: As noted in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least November 2013. In this case, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Percocet 7.5mg #120 (with no refills) is not medically necessary.

Omeprazole 20mg #30 (with one (1) refill): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) should be prescribed in patients on non-steroidal anti-inflammatory drugs (NSAIDs) therapy who are at risk for gastrointestinal (GI) events. The risk factors includes age older than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; and high dose or multiple

NSAID use. The use of PPI more than one year has been shown to increase the risk of hip fracture. In this case, the patient has been on this medication since October 2013. There is no documentation of upper GI symptoms or current use of NSAIDs to support this request. Therefore, the request for Omeprazole 20mg #30 (with one (1) refill) is not medically necessary.

Lexapro 10mg #30 (with three (3) refills): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Anxiety medications in chronic pain.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, escitalopram (Lexapro) is can be used for generalized anxiety disorder as part of chronic pain treatment. It is also recommended for major depressive disorder. In this case, the patient has been on this medication since 2006. Although the patient has been diagnosed with major depression, there is no recent documentation of the patient's psychological symptoms, or improvement in the patient's psychological condition, to support the continued use of this medication. Additional information is necessary at this time. Therefore, the request for Lexapro 10mg #30 (with three (3) refills) is not medically necessary.

Referral to pain management for medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical vs. Self-management model, Functional Restoration Approach to Chronic Pain Management Page(s): 5, 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127 & 156.

Decision rationale: As stated in the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the progress notes indicate that the patient's pain management doctor is retiring, and having another pain management specialist on board is necessary for management of the patient's chronic pain condition. There is no documentation of objective functional improvement with the patient's current medications, and re-assessment and/or weaning of medications will be helpful at this time. The previous utilization review determination, dated February 10, 2014, has already certified a request for pain management consult for weaning. Therefore, the request for pain management referral for medications is not medically necessary.

