

Case Number:	CM14-0030582		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2004
Decision Date:	08/11/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 67 year old male injured on 10/18/04 due to undisclosed mechanism of injury. Current diagnoses included cervical strain with left sided radiculopathy, thoracic strain, left shoulder strain, left carpal tunnel syndrome, and intermittent gastrointestinal upset. Clinical note dated 01/14/14 indicated the injured worker presented complaining of left shoulder/scapula pain, neck pain radiating to the left shoulder/upper extremity and right scapula, upper and mid back pain, occasional tingling in the left hand, periodic stomach upset, and difficulty sleeping due to pain and headaches. Physical examination revealed marked tenderness between the right and left shoulder and decreased range of motion of the left shoulder. Cervical spine examination revealed paracervical muscles tender with spasm, decreased range of motion, positive Spurling sign on the right. Thoracic spine examination revealed slight to moderate parathoracic muscle spasm, right greater than left. The injured worker was provided prescription with Norco 5-325mg four times daily, naproxen 550mg twice daily, Soma 355 350mg twice daily, Imitrex 25mg once daily, pantoprazole/Protonix 20mg one to two tablets once daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Further, the request failed to provide a frequency and number of refills. As such, the request for Norco 10/325mg #120 is not medically necessary.

1 Prescription for Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol, page(s) Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Further, the request failed to provide a frequency, quantity, and number of refills. As such, the request for Soma 350mg is not medically necessary.

1 Prescription for Pantoprazole/Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, May 2009, NSAIDs.

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, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. The request failed to provide a frequency, quantity, and number of refills. As such, the request for Pantoprazole/Protonix 20mg is not medically necessary.