

<b>Case Number:</b>	CM14-0031096		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Orthopedic Surgery 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 injured worker is a 49-year-old male who was reportedly injured on February 13, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 28, 2014, indicated that there were ongoing complaints of neck pain and left shoulder pain. The physical examination demonstrated tenderness at the cervical spine, paravertebral muscles. Cervical spine muscle spasms were present, and there was decreased cervical spine range of motion. Decreased sensation was noted in the bilateral median nerve distribution. Examination of the left shoulder noted tenderness at the anterior aspect as well as decreased range of motion. There was a positive Tinel's and Phalen's test at the bilateral wrists. There were diagnoses of cervical radiculopathy, left shoulder impingement and bilateral moderate carpal tunnel syndrome. The treatment plan recommended chiropractic care and continuation of previous medications. A request was made for omeprazole, carisoprodol and naproxen and was not approved in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco APAP) 10/325mg one tab by mouth twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 792.26 (Effective July 18, 2009) Page(s): 78.

**Decision rationale:** Norco, a short acting opioid combination medication, is indicated for moderate pain. However, when considering the date of injury and the ongoing complaints of pain, the efficacy and utility of such a preparation, it is not supported. Furthermore, there was no documentation of an opioid agreement, appropriate urine drug screening protocols or decrease in pain complaints - the hallmarks of the basis for continued utilization as outlined in the Chronic Pain Medical Treatment Guidelines.

**Omeprazole DR 20 once daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PPI Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 (Effective July 18, 2009) Page(s): 69.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor, such as omeprazole, is only indicated for gastrointestinal symptoms, which are often secondary to anti-inflammatory usage. The medical record does not indicate that the injured employee was experiencing any gastrointestinal side effects. Therefore, this request for omeprazole is not medically necessary.

**Carisoprodol 350mg one tablet by mouth twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 60. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 9th Edition, Pain Chapter, Carisoprodol, page 1258.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 60.

**Decision rationale:** Carisoprodol is a muscle relaxant that is not recommended for use for longer than two or three weeks time. It is metabolized to an anxiolytic that is a scheduled IV controlled substance. There is no justification in the attached medical record stating a necessity for the use of carisoprodol. Therefore, this request for carisoprodol is not medically necessary.