

Case Number:	CM14-0033940		
Date Assigned:	07/21/2014	Date of Injury:	09/28/1998
Decision Date:	09/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 28, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 12, 2014, the claims administrator denied request for omeprazole, denied a request for Soma, denied a request for Norco, denied a request for Butrans patches, approved a request for Cymbalta, denied a request for topical patches, denied a request for an independent gym membership with pool access, denied a request for a sacroiliac joint injection, and approved a urine drug screen. The applicant's attorney subsequently appealed. On July 19, 2013, the applicant reported 8-9/10 low back pain radiating into the left leg. The applicant stated that her pain levels would be doubled without the medications in question. The applicant is using Ambien, Tenormin, clonidine, Levoxyl, Lidoderm patches, Lipitor, Norco, Prilosec, and Soma, it was acknowledged. It was stated that the applicant was status post earlier cervical fusion surgery, lumbar radiofrequency ablation procedures, left shoulder surgery, bilateral carpal tunnel release surgery, bilateral elbow lateral epicondylar release surgeries, and various interventional spine procedures. The applicant was asked to obtain laboratory testing. Multiple medications were refilled, including Ambien, Butrans, Cymbalta, Lidoderm, Norco, Prilosec, and Soma. The applicant was already permanent and stationary. It did not appear that the applicant was working with permanent limitations in place. On February 20, 2014, the applicant again presented with 7-8/10 low back pain radiating into left leg. The applicant had "marked functional limitations" associated with her chronic low back and SI joint pain, it was stipulated. The applicant was on Soma, Prilosec, Norco, Lipitor,

Lidoderm, Levoxyl, Cymbalta, clonidine, Butrans, and Ambien, it was acknowledged. Sacroiliac joint injection therapy, gym membership with pool access, and multiple medications were renewed. The applicant was permanent and stationary. There was no discussion of medication efficacy insofar as many of the medications in question. In the review of systems sections of the report, it was stated that the applicant reported issues with heartburn and stomach problems. There was no mention of whether or not omeprazole had been efficacious in the treatment of the same. Similarly, in an earlier note dated February 20, 2014, it was again noted that the applicant had a gastrointestinal review of systems which was positive for heartburn and attendant abdominal pain. Again, there was no mention of whether or not Prilosec had been effective in combating the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 po 5 x a day Quantity 150 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines muscle relaxants.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic or long-term usage of carisoprodol is not recommended, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using both Norco and Butrans. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.

Norco 10/325 mg, 1 po q 3h, Quantity 240 refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints are still quite high, consistently reported in the 7-8/10 range, despite ongoing usage of Norco. The attending provider stated that the applicant is severely limited in terms of activities of daily living despite ongoing usage of Norco. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

Butrans 20mcg/hr patch One patch a week Quantity 4 refills x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA <http://www.drugs.com/pro/butrans-patch.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine topic. Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of buprenorphine or Butrans to treat opioid addiction and/or as an option for chronic pain purposes after earlier detoxification in applicants who have a history of opioid addiction, in this case, however, there is no evidence that the applicant, in fact, carries, a diagnosis of opioid addiction. There is no evidence that the applicant is using buprenorphine for opioid detoxification purposes. There is no evidence that the applicant had earlier been weaned or detoxified off of opioids. No rationale for selection and/or ongoing usage of buprenorphine or Butrans is proffered by the attending provider. Therefore, the request is not medically necessary.

Lidoderm Patch 5% apply 1 oatch to skin 12 hours on .12 hours off Quantity 30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Lidocaine section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches in question. Therefore, the request is not medically necessary.

Independent Gym w/pool access for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and/or maintaining regimens. Thus, the gym membership with pool access

being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

S1 joint Injection right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Use of Sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint injections are recommended only in the treatment of sacroiliitis in applicants with proven rheumatologic inflammatory arthropathy implicating the SI joints. SI joint injections, conversely, are not indicated in the treatment of chronic nonspecific low back pain, as appears to be present here. The applicant does not have any proven rheumatologic process implicating the SI joints, such as an HLA positive B27 spondyloarthropathy, rheumatoid arthritis implicating the SI joints, etc. Therefore, the request is not medically necessary.

Omeprazole 1 po qd, 20 mg Quantity 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, as is reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. In this case, however, the attending provider has simply reported that the applicant had symptoms of heartburn on multiple office visits, referenced above, throughout 2014. There has been no discussion of medication efficacy incorporated into any of the cited progress notes. The attending provider has not stated whether or not omeprazole has been effective in attenuating or diminishing the applicant's symptoms of heartburn and/or dyspepsia. Therefore, the request is not medically necessary