

Case Number:	CM14-0038949		
Date Assigned:	06/27/2014	Date of Injury:	08/05/2005
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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:

Patient is a female with date of injury 08/05/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2013, lists subjective complaints as pain in the neck and lower back. Objective findings: Examination of the cervical spine revealed tenderness of the paravertebral muscles and spasms. Range of motion was restricted. Spurling's test was positive on the left. Sensation was reduced in the bilateral nerve distribution. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and spasm. Range of motion was restricted. Straight leg test was positive bilaterally. Sensation was reduced in bilateral L5 dermatomal distribution. EHLs and ankle dorsiflexos are 4/5 bilaterally. Diagnosis: Cervical spine strain 2. Lumbar radiculopathy. The medical records provided for review document that the patient has been taking the following medications at least as far back as the request for authorization on 10/17/2013. Medications: 1. Caprisoprodol 350mg #60 SIG: 1 tab po Bid 2. Omeprazole DR 20mg #30 SIG: OD 3. Hydrocodone Norco 10/325mf #120 SIG: 2 tabs po BID 4. Medrox pain relief ointment SIG: apply to affected area as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 29 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Given the above the request is not medically necessary.

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 68 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to approve the proton pump inhibitor Omeprazole. Give the above the request is not medically necessary.

Hydrocodone Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Given the above the request is not medically necessary.

Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112-113.

Decision rationale: Medrox ointment contains a topical analgesic with the active ingredients, Capsaicin 0.0375%, and menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin 0.025% topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to MTUS there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Given the above the request is not medically necessary.