

Case Number:	CM14-0044189		
Date Assigned:	07/02/2014	Date of Injury:	09/16/2003
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation is licensed to practice in Texas and Ohio. 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 who reported an injury on 09/16/2003. The mechanism of injury was not provided. On 11/13/2013, the injured worker presented with low back pain that radiated to the right leg. He also reported pain on the left side of the neck and left shoulder. On examination of the lumbar spine, there was slight tenderness over the paraspinal muscle with spasm present. There was a positive straight leg raise to the right and 1+ patellar reflex to the right and absent on the left, and absent achilles reflexes bilaterally. The diagnoses were lumbar disc disease, status post lumbar laminectomy and pedicle screw fixation with anterior interbody fusion L5-S1, adhesive capsulitis associated with tendinopathy of the rotator cuff, and traumatic arthritis of the acromioclavicular joint of the left shoulder. The current medications included Norco, Soma, Prilosec, Benicar, and Neurontin. The provider recommended Norco, Soma, Prilosec, and Neurontin; the provider's rationale was not provided. The Request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Noroc 10/325mg 1 tab QHS (2/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request did not indicate the frequency of the medication in request as submitted and more clarification would be needed, as with the spelling of the prescription medication. As such, the request is not medically necessary.

Retro Soma 350mg 1 tab QHS (2/12/14): Upheld

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

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

Decision rationale: The medication is not indicated for longterm use. The main effect of the medication is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. As such, the request is not medically necessary.

Retro Prilosec OTC 20mg (2/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovasculare risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, Prilosec would be recommended for injured workers with dyspepsia secondary to NSAID therapy for those seeking NSAID medications who are at moderate to high risk for gastrointestinal events. The submitted documentation does not indicate that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the provider's request does not indicate the frequency or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

Retro Neurontin 100mg 1 tab QHS (2/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Neurontin has been shown to be effective for diabetic pain for neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects that occur with use. The continued use of AEDs depends on improved outcomes versus tolerability and adverse effects. The efficacy of the medication was not documented. The provider's rationale was not provided. As such, the request is not medically necessary.