

Case Number:	CM14-0046426		
Date Assigned:	07/09/2014	Date of Injury:	11/19/2012
Decision Date:	09/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 low back pain reportedly associated with an industrial injury of November 19, 2012. 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; unspecified amounts of physical therapy; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for Soma, Protonix, and Norco. The applicant's attorney subsequently appealed. In a February 21, 2014 progress note, the applicant was described as having tried and failed conservative treatment including time, medication, physical therapy, and epidural steroid injection therapy. The attending provider stated the applicant was in the process of pursuing a spinal decompression surgery for an operating diagnosis of lumbar radiculopathy. Somewhat incongruously, then, the primary treating provider also suggests that the applicant pursue medial branch blocks. Norco, Soma, and Protonix were endorsed. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant was using Protonix for stomach upset. On March 10, 2014, the attending provider stated that modified duty was not an option. In a subsequent note dated March 19, 2014, the applicant again received prescription for Norco, Protonix, and Soma. A cane was endorsed. The applicant was placed off of work, on total temporary disability. There is no mention of medication efficacy in this progress note. The applicant was also placed off of work on an earlier note of January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Online Edition Chapter Pain.

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

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, Cardiovascular Risk topic.2. MTUS page 7. Page(s): 69, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as Protonix to combat NSAID-induced dyspepsia, 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 recommendations. In this case, however, the attending provider has renewed prescriptions of Protonix on several occasions throughout early 2014, with no mention of medication efficacy. It was not clearly stated whether Protonix have been beneficial here. It is not clearly stated whether Protonix was being employed for actual dyspepsia or on a prophylactic basis. No rationale for selection and/or ongoing usage of Protonix was proffered by the attending provider. Therefore, the request is not medically necessary.

Norco 10/325mg #120 times 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, from visit to visit, despite ongoing usage of Norco. There has been no discussion of any improvement in terms of performance of activities of daily living achieved as a result of ongoing Norco usage in any of the cited progress notes. Therefore, the request is not medically necessary.