MAXIMUS Federal Services

Case Number:	CM14-0061613		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2008
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Pain Management 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 52-year-old female who sustained work-related injuries on November 2, 2008. She is diagnosed with chronic pain syndrome secondary to status post 360-degrees arthrodesis anterior lumbar interbody fusion performed on August 20, 2011 at L3-L4, L4-L5, L5 S1; posterior lumbar interbody fusion at L3-L4, L4-L5, and L5-S1 performed in September 17, 2011; lumbosacral spondylolisthesis; anxiety and depression; and insomnia. The primary treating physician progress report dated April 1, 2014 indicated the objective findings were the same as the previous visit. Treatment includes renewed Norco 10/325 milligrams, Soma, Omeprazole, Zofran, and Lidoderm patch. Medicals noted that the injured worker was deemed at maximum medical improvement on June 18, 2013. As per the treating physician's supplemental report dated April 30, 2011, the injured worker underwent urine drug screening which was performed on April 1, 2014. This is a review regarding a request of Norco, Soma, Omeprazole, Zofran, and Lidoderm patches with unknown dosage or quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-94.

Decision rationale: Although there is documentation of a urine drug screen test, the presented documentation did not present any subjective or objective information regarding the current condition of the injured nor did it indicate any decrease in pain level or functional improvement especially if the injured worker has been utilizing Norco on a long term basis. Also, there was no reported breakthrough or flare-up of the injured worker's symptoms which would warrant the said medication. Based on this clinical presentation, the medical necessity of the requested Norco is not established.

Soma: Upheld

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

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

Decision rationale: Soma (Carisoprodol) is not recommended by evidence-based guidelines due to its potential for abuse. It has sedative and muscle relaxant effects. It is also not indicated for long-term use. In this case, the documents do not present any information if the injured working has been utilizing the said medication in the long term. Therefore, the medical necessity of Soma is not established.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole, a proton pump inhibitor, can be used as a prophylactic treatment against chronic usage of non steroidal anti-inflammatory drugs. The presented documents, in this case, do not indicate that the injured worker has been utilizing non steroidal anti-inflammatory drug medications in the long term. Also, based on the clinical and demographical information of the injured worker, she is not at risk for any gastrointestinal or cardiac adverse effects. Therefore, the medical necessity of the requested Omeprazole is not established.

Zofran: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: Zofran (Ondansetron) is used as a prophylactic treatment against opioid-induced nausea and vomiting. Since the medical necessity of the requested Norco is not established, there is no other compelling reason to warrant the authorization of this medication. Therefore, the medical necessity of the requested Zofran is not established as well.

Lidoderm patch refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A lidoderm patch is generally classified as a topical analgesic in a patch form. The documentation does not provide any evidence that the injured worker has failed a trial of antidepressants and anticonvulsants. Moreover, there is no evidence that the injured worker has a compelling medical condition (e.g. neuropathic pain, diabetic neuropathy) that would warrant this medication. There is also note that the use of this medication for non-neuropathic pain is also not recommended. Based on this information, the requested Lidoderm patch refills are not medically necessary.