

<b>Case Number:</b>	CM14-0078480		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 39-year-old female who reported an injury on 01/28/2010 due to a slip and fall, where she injured her jaw, neck, shoulder, and lower back. The injured worker complained of lower back pain. The diagnoses included lumbago and sciatica. Diagnostics included LFTs, which were within normal limits and a urine toxicology screen that was performed on the day of examination. The prior surgeries included an arthroscopic subacromial decompression and Acromioclavicular joint resection on 08/03/2010. Past treatments included trigger point injections, ice, physical therapy, and home exercise program. The current medications included hydrocodone 5 mg/ acetaminophen 325 mg, Lyrica 75 mg, Protonix 40 mg, Soma 350 mg and Norco. The injured worker rated her pain 7/10 using the VAS. The objective findings dated 07/02/2014 of the lumbar spine revealed a well healed scar over the left buttocks, with a stimulator unit present underneath the skin with tenderness noted. Flexion produced discomfort to the right leg. Seated straight leg raise was negative bilaterally. The treatment plan included medication refills for Norco 5/325 mg, Protonix 40 mg, and Soma 350 mg. Request for Authorization was not submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ Acetaminophen, Norco 5 mg/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, pain assessment of current pain, the least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts, and that the patient is being monitored for aberrant drug behavior and side effects. In the 07/02/2014 clinical notes, the provider did not provide the objective functional improvement, or objective decrease in pain. Additionally, the injured worker was not assessed for the average intensity of the pain and how long the pain lasts. The injured worker's injury was in 2010. The aberrant drug behavior and side effects should be assessed and documented. The request did not address a frequency or duration. As such, the request of Hydrocodone/ Acetaminophen, Norco 5 mg/325mg is not medically necessary and appropriate.

**Protonix 40 mg:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: age greater than 65 years, history of peptic ulcer, GI bleed or perforation, concurrent use of ASAs, corticosteroids and/or anticoagulants, or high dose/multiple non-steroidal anti-inflammatory medications. The documentation provided indicated that the injured worker had GERD; no GI assessment was performed, and no follow-up for symptoms resolved. There was no consultation for a gastrointestinal was evident. The request did not indicate the frequency or duration of the medication. As such, the request of Protonix 40 mg is not medically necessary and appropriate.

**Soma 350 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

**Decision rationale:** The request for Soma 350 mg twice a day is not medically necessary. The California MTUS Guidelines do not recommend Soma. The medication is not for long term use. The documentation dated 04/02/2014 indicated that the injured worker was taking Soma 350 mg

twice a day, and the note of 07/02/2014 also revealed that the injured worker continued to take the medication; however, the guidelines do not recommend for long term use. The request did not indicate a frequency or duration or a dosage. As such, the request of Soma 350 mg is not medically necessary and appropriate.