

Case Number:	CM14-0093476		
Date Assigned:	07/25/2014	Date of Injury:	06/28/2000
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old male reportedly injured on 06/28/00 while attempting to lift a wall resulting in low back, left shoulder, bilateral hand and neck pain. Diagnoses included C3 to C5 disc degeneration, intermittent bilateral cervical radiculopathy, left shoulder impingement syndrome/ acromioclavicular joint (AC) joint degenerative joint disease, status post two left shoulder arthroscopies without improvement, L1 to L3 and L4 to S1 disc degeneration, right knee internal derangement, status post two arthroscopies, bilateral groin/testicular pain, facet arthropathy L4 to S1, hydrocele/epididymitis surgery with ongoing pain, and failed spinal cord stimulator trial. Clinical note dated 05/19/14 indicates the injured worker presented complaining of constant neck, low back, left shoulder, and bilateral hand pain; rated between 5 to 7/10 on visual analog scale (VAS) scores. The injured worker reports constant bilateral leg pain extending into feet with radiating pain from groin into testicles, left greater than right. Physical examination revealed antalgic gait, decreased sensation over the right L5 dermatomal distribution, straight leg raising test positive bilaterally, and 4/5 muscle strength to bilateral hip flexion and ankle dorsiflexion. Medications included Norco, Temazepam, Zantac, Depotestosterone, Welchol, and Soma. Treatment plan included prescriptions for previous medications and request for facet blocks at L4 to L5 and L5 to S1 levels. The initial request for Norco 10/325 milligrams quantity of 90 with one refill, Soma 350 milligrams quantity of 90 with one refill, Temazepam 30 milligrams quantity of 30 with one refill, and Zantac 300 milligrams quantity of 30 with one refill was initially denied on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 milligrams quantity of 90 with one refill cannot be established at this time. The request is not medically necessary and appropriate.

Soma 350MG #90 w1 refill: 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 Carisoprodol Page(s): 65.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long term use. This medication is Food and Drug Administration (FDA) approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long term care exceeding the recommended treatment window. As such, the request for Soma 350 milligrams quantity of 90 with one refill is not medically necessary and appropriate.

Temasepam 30MG #30 w 1 refill: 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 Benzodiazepines Page(s): 24.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic

benzodiazepines are the treatment of choice in very few conditions. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the four week treatment window. As such, the request for Temazepam 30 milligrams quantity 30 with one refill is not medically necessary and appropriate.

Zantac 300MG #30 w 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Current American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate concomitant prescriptions of cytoprotective medications (H2 blockers) are recommended for patients at substantially increased risk for gastrointestinal bleeding. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple nonsteroidal antiinflammatories (NSAIDs) (e.g., NSAIDs plus low dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Zantac 300 milligrams quantity 30 with one refill is medically necessary and appropriate.