

Case Number:	CM14-0095030		
Date Assigned:	07/25/2014	Date of Injury:	01/08/2013
Decision Date:	12/10/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

According to the records made available for review, this is a 58-year-old female with a 11/1/07 date of injury. At the time (5/27/14) of the Decision for authorization for Norco (Hydrocodone/Acetaminophen) 10/325 mg #120, Prilosec (Omeprazole) 40 mg #60, with three (3) refills, and Soma (carisoprodol) 350 mg #30, with three (3) refills, there is documentation of subjective (cervical pain as well as pain and spasm radiating to the left shoulder, with left-sided radiculopathy, increased left arm and neck pain and clicking; persistent nerve symptoms in the bilateral legs) and objective (diminished cervical spine range of motion and pain at end range in all directions, lumbar tenderness to palpation on the paraspinals, positive straight leg raise bilaterally, antalgic gait, and weakness to the bilateral upper and lower extremities, diminished sensation on the left C5, C6, bilateral C8, left L4 and bilateral L5) findings, current diagnoses (lumbosacral neuritis NOS), and treatment to date (home exercise program and medications (including ongoing use of Norco and Soma since at least 11/13)). 1/14/14 medical report identifies that there is improvement in pain with medications, and that medications keep patient functional, allowing for increased mobility, and tolerance of ADL (activities of daily living) and home exercises. In addition, 1/14/14 medical report identifies heartburn associated with the medication use. Regarding the requested Norco (Hydrocodone/Acetaminophen) 10/325 mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed and specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco (Hydrocodone/Acetaminophen) use to date. Regarding the requested Prilosec (Omeprazole) 40 mg #60, with three (3) refills, there is no documentation of risk for gastrointestinal event. Regarding the requested Soma (carisoprodol) 350 mg #30, with three (3) refills, there is no

documentation of an acute exacerbation of chronic low back pain, that Soma is being used as a second line option, specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Soma use to date, and an intention for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Acetaminophen) 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbosacral neuritis NOS. In addition, there is documentation that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. In addition, given medical records reflecting prescription for Norco since at least 11/13 and despite documentation of improvement in pain with medications, and that medications keep patient functional, allowing for increased mobility, and tolerance of ADL and home exercises, there is no documentation of specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco (Hydrocodone/Acetaminophen) use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco (Hydrocodone/Acetaminophen) 10/325 mg #120 is not medically necessary.

Prilosec (Omeprazole) 40 mg #60, with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Proton pump inhibitors (PPIs). Within the medical information available for review, there is documentation of diagnosis of lumbosacral neuritis NOS. However, despite documentation of heartburn associated with the medications use, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Prilosec (Omeprazole) 40 mg #60, with three (3) refills is not medically necessary.

Soma (carisoprodol) 350 mg #30, with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for Pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnosis of lumbosacral neuritis NOS. However, there is no documentation of an acute exacerbation of chronic low back pain and that Soma is being used as a second line option. In addition, given medical records reflecting prescription for Soma since at least 11/13 and despite documentation of improve pain with medications, and that medications keep patient functional, allowing for increased mobility, and tolerance of ADL and home exercises, there is no documentation of specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Soma use to date. Furthermore, there is no documentation of an intention for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma (carisoprodol) 350 mg #30, with three (3) refills is not medically necessary.