

<b>Case Number:</b>	CM14-0097276		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/03/1987
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 79-year-old female who reported an injury on 12/03/1987 caused by an unspecified mechanism. The injured worker's treatment history included medications, and oxygen supplementation. The injured worker was evaluated on 06/11/2014 and it was documented the injured worker complained of continued low back pain with radiation to the lower extremities. The injured worker reported functional improvement and pain relief with the use of medication. Physical examination of the lumbar spine revealed tenderness over the lumbar paravertebral musculature; forward flexion to 40 degrees; and intact strength in the lower extremities. It was noted that the injured worker was in a wheelchair; however, she was able to stand independently. Diagnoses included lumbar spinal stenosis. Medications included Vicodin 7.5 mg, Soma 350 mg, Zantac 150 mg, and Relafen 500 mg. The request for authorization dated 03/18/2014 was for Vicodin, Soma, Zantac, Relafen, and follow-up office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #60, 2 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Hydrocodone/ APAP (Vicodin) 7.5/325 mg QTY: 60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. Furthermore, the request does not include the frequency. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. As such, the request for Vicodin 7.5/300mg #60, 2 refills is not medically necessary.

**Soma 350mg #60, 2 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Soma 350 mg # 60 with 2 refills is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The provider failed to indicate duration of usage Soma for the injured worker. The request lacked frequency and duration of medication. The request for Soma 350mg #60, 2 refills is not medically necessary.

**Zantac 150mg #60, 2 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com

**Decision rationale:** The requested is not medically necessary. Per drugs.com, ranitidine is in a group of drugs called histamine-2 blockers, ranitidine works by reducing the amount of acid your stomach produces. The indications for ranitidine differ a little from other H2-blockers; however, compared to cimetidine, ranitidine is 5- 12 more as potent as a histamine receptor antagonist and has less affinity for the cytochrome P450 hepatic enzyme system. The documentation that was submitted failed to indicate the injured worker having gastro esophageal reflux and other conditions in which acid backs up from the stomach into the esophagus causing heartburn. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for Zantac 150mg #60, 2 refills is not medically necessary.

**Relafen 500mg #60, 2 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Naproxen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Relafen did not include the frequency, duration or dosage. As such, the request for Relafen 500mg #60, 2 refills is not medically necessary.

**Follow up office visit:** 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), Low Back Chapter

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

**Decision rationale:** The request for follow-up is not medical necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The provider failed to indicate the rationale for a follow-up office visit. As such the request for Follow up office visit is not medically necessary.