

Case Number:	CM14-0127014		
Date Assigned:	08/13/2014	Date of Injury:	08/01/2001
Decision Date:	07/07/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 47 year old female who sustained an industrial injury on 8/1/01. The diagnoses have included overuse syndrome of upper extremities, bilateral wrist hand tendinitis, status post right carpal tunnel release in July 2002 and left carpal tunnel release on 5/7/04, cervical strain and thoracic strain, bilateral shoulder strain, and cervicogenic headaches. Treatment and evaluation has included carpal tunnel braces at night, right and left carpal tunnel surgery, cervical spine magnetic resonance imaging (MRI), physical therapy, and medication. An Agreed Medical Examination in 2007 noted that the injured worker had not been able to return to employment since the injury in 2001. Soma was noted to be prescribed in 2003 and 2007. Ambien, soma, Vicodin, and Naprosyn were noted to be prescribed in 2007. Medications in 2011 were noted to include soma, Vicodin, lyrica, ambien, and naproxen. Intermittent gastroesophageal reflux disease (GERD) symptoms due to medication use were noted in 2011. Prilosec was prescribed in 2012. Soma, ambien, and Prilosec were continued in 2013. Notes from 2013 also document use of norco. Nonsteroidal anti-inflammatory (NSAID) medication was noted to be causing gastrointestinal (GI) upset in 2013. Ambien was noted to be used for sleep difficulty due to chronic pain. Norco, soma, ambien, and Prilosec were continued in 2014. A progress note from April 2014 states that massage therapy was helpful in the past for her neck. Progress note from July 2014 discussed use of Prilosec due to GI upset from opioids and to prevent GI complications; no use of NSAIDS was noted at that time. Medications in July 2014 included norco, soma, menthoder gel, ambien, and Prilosec. At a visit on 7/14/14, the injured worker had complaints of bilateral upper extremity pain and cervical and lumbar spine discomfort. The documentation noted that there is slight to moderate tenderness on the right side of the volar wrist and the left wrist is slightly tender. There is slight tenderness and spasm of the

bilateral lower lumbar region, more on the right. There is slight tenderness with mild to moderate spasm of the lower paracervical muscles noted and tenderness of the acromioclavicular joint, slightly on the right and mildly on the left. The request was for soma 350mg #120, ambien 10mg #30, prilosec 20mg #60; 6 massage therapy sessions, one diagnostic testing renal function tests and liver function tests and one urine drug screen. On 8/1/14, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) p. 29, muscle relaxants p. 63-66 Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic multifocal pain. Soma has been prescribed for many months and documentation is consistent with use for many years. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months to years and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guideline recommendations, the request for soma is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: This injured worker was noted to have sleep difficulty due to chronic pain. Ambien has been prescribed for many months and documentation is consistent with use for several years. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of

insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use in excess of the guideline recommendations, and lack of sufficient evaluation for sleep disturbance, the request for ambien is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Medical management of gastroesophageal reflux disease in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker has a prior history of intermittent gastroesophageal reflux disease (GERD) symptoms due to medication use and gastrointestinal upset secondary to NSAIDS in the past. Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker, and there has been no recent use of NSAIDS or current prescription of NSAIDS. Documentation indicates that prilosec has been prescribed since 2012. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. More recent documentation indicates that the injured worker had GI upset from opioids. If one were to presume that a medication were to be the cause of the un-described gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Proton pump inhibitors are not indicated for nonspecific GI upset. The UpToDate reference cited states that PPIs should be used in patients who fail twice-daily histamine 2-receptor antagonist therapy, and in patients with erosive esophagitis and/or frequent (two or more episodes per week) or severe symptoms of GERD that impair quality of life. There was no documentation of current GERD symptoms, trial and failure of histamine 2 receptor antagonists, or erosive esophagitis for this injured worker. Due to lack of specific indication, and potential for toxicity, the request for prilosec is not medically necessary.

6 Massage Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: This injured worker has chronic multifocal pain, including back and neck pain. The MTUS, Chronic Pain section, recommends active therapy rather than passive care. Functional improvement is the goal rather than the elimination of pain. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage is a passive intervention and should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. The documentation indicates that massage therapy was helpful in the past for this injured worker's neck symptoms. The dates and number of sessions of massage therapy were not submitted, and the outcome of treatment was not discussed. There was no documentation of functional improvement as a result of use of massage therapy. There was no documentation of current participation in an exercise program. Due to lack of documentation of current participation in an exercise program, and lack of documentation of functional improvement as a result of prior massage therapy, the request for 6 Massage Therapy Sessions is not medically necessary.

1 Diagnostic Testing RFT and LFT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab testing with NSAID use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) regarding Acetaminophen and liver/kidney risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen (APAP) p. 11-12NSAIDS p. 70 Page(s): 11-12, 70.

Decision rationale: This injured worker has been prescribed Norco (hydrocodone / acetaminophen) for many months. Documentation also indicates prior chronic use of naproxen, a NSAID. Adverse effects of acetaminophen include hepatotoxicity. Borderline elevations of liver enzymes may occur in up to 15% of patients taking NSAIDS. NSAIDS may compromise renal function. Package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. The Utilization Review determination denied the request for renal and liver function tests, stating that there did not appear to be any certified medications for this injured worker that meet criteria for this testing. However, as noted this injured worker is currently prescribed a medication containing acetaminophen, and had in the recent past been prescribed a NSAID, with use of NSAIDS for many months. As such, the request for 1 Diagnostic Testing RFT and LFT is medically necessary.

1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Criteria for Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in

accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. In this case, the injured worker has been prescribed Norco, an opioid, with documentation that this medication is currently prescribed and that the injured worker has been using this medication for many months. The Utilization Review determination denied the request for urine drug screen, stating that the injured worker was not approved for opioid therapy and that there is no necessity for the drug screen. This determination did not consider this injured worker's current and chronic use of opioid medication (Norco). No urine drug screens prior to the request in July 2014 were submitted or discussed. As the guidelines recommend urine drug screening as part of a treatment plan for opioid use, the request for 1 Urine Drug Screen is medically necessary.