

Case Number:	CM14-0201634		
Date Assigned:	01/14/2015	Date of Injury:	09/21/1999
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 9/21/1999. Per primary treating physician's progress report dated 11/12/2014, the injured worker complains of ongoing pain affecting cervical spine, shoulders, elbows, hands and wrists, upper and lower back. He reports that medications remain effective. Functional gains are provided by the medications in that they assist his ADLs, mobility and restorative sleep, contributing to his quality of life. His only side effect is heartburn, which he attributes to klonopin. Omeprazole addresses this. He reports medications reduce his pain 40%. He reports he has been on Soma for a long time and feels it is essential for his painful muscle spasms. He was working modified work as a mechanic, but states he had to leave the job because his employer was not honoring his work restrictions. On examination, the cervical spine has full range of motion with pain elicited by motion at the extremes. Right shoulder internal rotation di decreased 25% compared to left shoulder. Bilateral upper extremity strength is 5/5 throughout. Diagnoses include 1) displacement of cervical intervertebral disc without myelopathy 2) cervical spondylosis 3) arthropathy of cervical spine facet joint 4) lumbar spondylosis 5) displacement of lumbar intervertebral disc without myelopathy 6) injury of shoulder region 7) carpal tunnel syndrome 8) lateral epicondylitis 9) trochanteric bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, take one 3 to 4 times a day if necessary for pain: Overturned

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 Opioids Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he currently needs these medications to remain functional. The requesting physician is taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. He reports a 40% improvement in pain with the use of medications, improved function and mobility, and improved quality of life. The request for Norco 10/325mg #120, take one 3 to 4 times a day is determined to be medically necessary.

Soma 350mg #90 take one 2 to 3 times a day if necessary for pain: 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 (Soma), Weaning of Medications Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg #90 take one 2 to 3 times a day if necessary for pain is determined to not be medically necessary.

Klonopin 1 mg #60 take one twice a day: 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, Weaning of Medications Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Klonopin 1 mg #60 take one twice a day is determined to not be medically necessary.

Omeprazole 20mg take one daily: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as omeprazole, are recommended by the MTUS Guidelines when using non-steroidal anti-inflammatory drugs (NSAIDs) if there is a risk for gastrointestinal (GI) events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The injured worker reports omeprazole helps with heartburn that he feels is from the use of klonopin. Klonopin is not an NSAID, but is also determined to not be medically necessary for this injured worker. The request for Omeprazole 20mg take one daily is determined to not be medically necessary.

Tylenol with codeine #4 take one tab 3 to 4 times a day #120: Overturned

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 Opioids Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he currently needs these medications to remain functional. The requesting physician is taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. He reports a 40% improvement in pain with the use of medications, improved function and mobility, and improved quality of

life. The request for Tylenol with codeine #4 take one tab 3 to 4 times a day #120 is determined to be medically necessary.