

Case Number:	CM15-0007359		
Date Assigned:	01/26/2015	Date of Injury:	03/10/2010
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Indiana, New York
 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 (IW) is a 64 year old male, who sustained an industrial injury on March 10, 2014. He has reported increased back pain and was diagnosed with status post lumbar laminectomy with persistent back pain and radiculopathy. Treatment to date has included lumbar surgery, radiographic imaging, diagnostic studies, lumbosacral stabilization exercises and work status changes. Currently, the IW complains of increased back pain. The IW reported an industrial injury in 2014, resulting in continued back pain. He underwent surgical procedure without a resolution of the pain. He noted running out of oral and topical medications on evaluation on October 1, 2014. He reported lumbosacral tenderness to palpation and increasing back pain. On December 24, 2014, Utilization Review non-certified requests for Soma 350mg #60, Zantac 150mg #60 and Tylenol with codeine number 3 #90, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested Soma 350mg #60, Zantac 150mg #60 and Tylenol with codeine number 3 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine # 3 one tablet three times a day # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with Codeine #3 PO TID #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post-lumbar laminectomy with persistent back pain and radiculopathy. Subjectively, the injured worker has pain in the back, has run out of medicines and topical creams. Objectively, there is midline and paraspinal muscle tenderness of the lumbar spine level. There is decreased range of motion. The medical record was 8 pages and contained a single progress note dated October 1, 2014. The documentation did not contain a start date for Tylenol with Codeine #3. The documentation did not contain evidence of objective functional improvement with ongoing Tylenol with Codeine #3 use. Consequently, absent clinical documentation with objective functional improvement in an eight page medical record, Tylenol with Codeine #31 PO TID #90 is not medically necessary.

Soma 350 mg one tablet twice a day # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Soma/Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg 1 PO b.i.d. #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are status post-lumbar laminectomy with persistent back pain and radiculopathy. Subjectively, the injured worker has pain in the back, has run out of medicines and topical creams. Objectively, there is midline and paraspinal muscle tenderness of the lumbar spine level. There is decreased range of motion. The medical record was 8 pages and contained a single progress note dated October 1, 2014. Soma is indicated for short-term use (less than two weeks). The 8-page documentation does not contain evidence of objective functional improvement as it relates to ongoing Soma use. Consequently, absent clinical

documentation with objective functional improvement with documentation of following guideline recommendations, Soma 350 mg one PO b.i.d. #60 is not medically necessary.

Zantac 150 mg one tablet twice a day # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, NSAI and GI effects, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zantac 150 mg PO bid #60 is not medically necessary Zantac is an H2 receptor antagonist. H2 receptor antagonists are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risk factors include, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. Zantac is used to treat practical to disease, gastroesophageal reflux disease and conditions where the stomach produces too much acid such as Zollinger-Ellison syndrome. In this case, the injured workers working diagnoses are status post-lumbar laminectomy with persistent back pain and radiculopathy. Subjectively, the injured worker has pain in the back and has run out of medicines and topical creams. Objectively, there is midline and paraspinal muscle tenderness of the lumbar spine level. There is decreased range of motion. The medical record was 8 pages and contained a single progress note dated October 1, 2014. The documentation not contain comorbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation with risk factors and clinical indication/rationale for Zantac, Zantac 150 mg PO b.i.d. #60 not medically necessary.