

Case Number:	CM15-0107918		
Date Assigned:	06/12/2015	Date of Injury:	01/12/2011
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 1/12/2011. The details of the initial injury were not included in the documentation submitted for this review. Diagnoses include joint pain, shoulder, chronic pain, cervicgia and hypertension secondary to stress after the work injury. She is status post right shoulder rotator cuff repair and right knee decompression and cartilage replacement. Treatments to date include physical therapy, acupuncture, and a TENS unit. Currently, she complained of ongoing neck pain with radiation to the right shoulder. The pain was rated 4/10 VAS on average with medication and 8/10 VAS without medication. The provider documented that medications allow the injured worker to complete daily living activities and work full time. A pain management contract was signed on 1/5/15. On 2/2/15, the physical examination documented no acute findings. The provider reported previous MRI results revealed "two damaged discs in the neck and two bulging discs on the lumbar spine". The plan of care included Lisinopril 20mg/Hydrochlorothiazide 25mg tablets #30; Nucynta 50mg tablets #90; and Soma 250mg tablets #30. A progress report dated March 2, 2015 indicates that the patient has hypertension due to stress after work injury. Blood pressure is noted to be 132/95. The patient states that the medication improves her pain to a tolerable level with no side effects. The pain level is reduced from 9-10/10 to 3/10 and functionality is improved by approximately 70%. The patient is able to do work, light house chores, cook, and spend quality time with her family and friends

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg - Hydrochlorothiazide 25mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypertension.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/241381-treatment>.

Decision rationale: Regarding the request for HCTZ and lisinopril, California MTUS and ODG do not contain criteria for these medications. Guidelines state that these medications are first-line for the treatment of hypertension. Notes indicate that this patient has hypertension. As such, the currently requested HCTZ and lisinopril are medically necessary.

Nucynta 50mg #90: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Nucynta 50mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Nucynta 50mg #90 is medically necessary.

Soma 250mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go

on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.