

Case Number:	CM15-0163978		
Date Assigned:	09/01/2015	Date of Injury:	11/12/1992
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 72-year-old female, with a reported date of injury of 11-12-1992. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar intervertebral disc disease with myelopathy. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have not been included in the medical records. A report for an MRI of the lumbar spine was included; however, this was performed after the request was submitted to the Utilization Review. The progress report dated 06-25-2015 indicates that the injured worker had a chief complaint of low back pain. At least, the pain was rated 6 out of 10; and at worst, the pain was rated 10 out of 10. The pain caused sleeplessness twice a night. The low back pain radiated to the neck, and lower extremities. The physical examination showed mild discomfort; a non-antalgic gait; posture was hunched over with a mild lean to the left; tenderness to the bilateral paravertebral area; tenderness to the bilateral pelvic brims with spasm; more tenderness to the left sciatic notch than to the right; pressure on the left sciatic notch caused pain to shoot down the left leg; forward flexion at 30 degrees; extension at 0 degrees; bilateral rotation to 15 degrees; bilateral tilting to 5 degrees; inability to perform heel and toe walk; absent deep tendon reflexes in the prepatellar and Achilles areas bilaterally; hypoesthesia to the right upper and lower extremity; and distal vascular function was well maintained in both extremities. It was noted that the injured worker seemed to have worsening of her radicular type symptoms; and that there was pain and tingling in the left leg while lying upright and an increase in the numbness in the right leg. The treatment of the plan includes the refill of Norco, Soma,

and Protonix (omeprazole). The injured worker's work status and disability status was not indicated. The treating physician requested Soma 350mg #90, Norco 10-325mg #120, and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. In this case, the injured worker has a history of low back pain and has been taking Soma since at least 04-29-2015. The request does not meet guideline recommendations. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 04-29-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to

function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker's work status was not indicated. There is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

Omeprazole 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 Chapter, and Proton-Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an 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). Omeprazole is a proton pump inhibitor; however, there is no documentation that the injured worker had been prescribed an NSAID. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking an opioid pain medication, and she has been taking Omeprazole since at least 04-29-2015. The Non-MTUS Official Disability Guidelines indicate that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. There was no discussion of any GI signs or symptoms mentioned in the records. The request does not meet guideline recommendations. Therefore, the request for Omeprazole is not medically necessary.