

Case Number:	CM15-0168601		
Date Assigned:	09/09/2015	Date of Injury:	08/20/2001
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: Emergency 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 65-year-old male who sustained an industrial injury on 8-20-01. A review of the medical records indicates that the injured worker is undergoing treatment for hypertension, sexual dysfunction, sprain and strain of the deltoid ligament of the ankle, sprain and strain of the lumbosacral joint, neck sprain and strain, plantar fasciitis, low back syndrome, coronary artery disease, complex chronic pain syndrome, and depressive disorder. Medical records (1-28-15 to 6-8-15) indicate ongoing bilateral foot and ankle pain, post-traumatic headaches, neck pain, bilateral hand pain, lower back pain, sleep deprivation, stress, anxiety, and depression. The physical exam indicated decreased range of motion in the cervical spine. This has shown mild improvement within the review period. His treatment has included oral medications, at least fourteen sessions of physical therapy and chiropractic therapy, and orthotic shoes. The primary treating physician's records do not indicate the injured worker's medications. However, a cardiology note, dated 3-3-15, indicates that the injured worker's medications included Norco, Soma, and Prilosec. The injured worker has been unable to work due to increased pain (4-27-15). The most recent urine toxicology screen, dated 7-8-15, indicates an "expected level" of Hydrocodone due to this being a prescribed medication. "Inconsistent" results included Carisoprodol and Meprobamate. The request for authorization for Norco 10-325 every 8 hours, #90, Soma 350mg every 8 hours, #90, and Prilosec 20mg twice per day, #60, was placed on 8-3-15. The utilization review (8-13-15) partially certified Norco for 45 tablets, as well as Soma for 45 tablets for "weaning purposes". The Prilosec was denied due to "lack of documentation regarding gastrointestinal distress".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 q 8hrs #90: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any improvement in objective functional or pain status. There is no long plan concerning opioid therapy documented. Norco is not medically necessary.

Soma 350 q 8hrs #90: 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): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

Prilosec 20 bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID.

Patient is currently on low dose aspirin for cardiac issues and not for injury related issue. There is some vague dyspepsia complaints. Patient is at increased risk for GI bleeding due to age. This independent medical review only reviews cases related to medical necessity and not on legal or insurance issues. While patient's cardiac issues with aspirin use in relation to injury are unclear, continued use of a PPI due to age and dyspepsia symptoms is medically warranted.