

<b>Case Number:</b>	CM15-0186672		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Massachusetts

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:

This 40 year old female sustained an industrial injury on 8-28-09. Documentation indicated that the injured worker was receiving treatment for chronic neck pain, chronic upper extremity pain and failed lumbar fusion. Previous treatment included lumbar fusion (3-11-14), carpal tunnel release and medications. Recent treatment consisted of medication management. In a PR-2 dated 5-13-15, the injured worker complained of "significant" pain and numbness and tingling in the left lower extremity with cramping and spasms. The injured worker reported that her symptoms had worsened since the surgery. In a PR-2 dated 6-10-15, the injured worker complained of ongoing "significant" low back and left hand pain. The injured worker reported that pain medications allowed her to function. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature with spasm and "restricted" range of motion, left elbow with tenderness to palpation and positive Tinel's test, bilateral wrists with positive Tinel's and Phalen's, "reduced" grip strength and "reduced" sensation in bilateral median nerve distribution and lumbar spine with tenderness to palpation to the paraspinal musculature with spasm, "decreased" range of motion, positive bilateral straight leg raise and intact motor strength and sensation. The physician noted that the injured worker had been recommended for left hand surgery. The injured worker was currently receiving prescriptions for Ambien, Norflex and Ultram ER from another physician. The treatment plan included continuing medications (Carisoprodol, Norco, Omeprazole and Lidoderm patches). In a PR-2 dated 9-2-15, the injured worker complained of ongoing low back pain and numbness and tingling in the left lower extremity as well as numbness and tingling in bilateral hands. Physical exam was unchanged. The injured worker had been prescribed Norco, Carisoprodol and Omeprazole since at least 8-19-14. The treatment plan included continuing current medications (Norco, Omeprazole,

Carisoprodol and Colace), a surgical consultation for the left hand and lumbar spine and an orthopedic consultation for the left hand and elbow. On 9-4-15, Utilization Review noncertified a request for Norco 10-325mg #60, Omeprazole 20mg #30 and Carisoprodol 350mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydroco/APAP tab 10/325mg day supply: 30, Qty: 60 refill: 0.00: 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, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in August 2009 and continues to be treated for chronic neck and upper extremity pain and chronic back pain. She underwent a lumbar fusion in March 2014 and has a probable failure of her fusion surgery. When seen, there had been no significant improvement. A second surgical opinion was being arranged. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased grip strength and median nerve distribution sensation. There was left elbow tenderness with positive Tinel's sign. Tinel's and Phalen's testing at the wrist was positive bilaterally. There was lumbar paraspinal muscle tenderness with spasms and decreased range of motion. Straight leg raising was positive bilaterally. Hydrocodone, omeprazole, carisoprodol, and Docusate were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

**Omeprazole cap 20mg day supply: 30, Qty: 30 refill: 0.00: 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in August 2009 and continues to be treated for chronic neck and upper extremity pain and chronic back pain. She underwent a lumbar fusion in March 2014 and has a probable failure of her fusion surgery. When seen, there had been no significant improvement. A second surgical opinion was being arranged. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased grip strength and median nerve distribution sensation. There was left elbow tenderness with positive Tinel's sign. Tinel's and Phalen's testing at the wrist was positive bilaterally. There was lumbar paraspinal muscle tenderness with spasms and decreased range of motion. Straight leg raising was positive bilaterally. Hydrocodone, omeprazole, carisoprodol, and Docusate were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms

and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole is not medically necessary.

**Carisoprodol tab 350mg day supply: 30, Qty: 60 refill: 0.00: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

**Decision rationale:** The claimant sustained a work injury in August 2009 and continues to be treated for chronic neck and upper extremity pain and chronic back pain. She underwent a lumbar fusion in March 2014 and has a probable failure of her fusion surgery. When seen, there had been no significant improvement. A second surgical opinion was being arranged. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was decreased grip strength and median nerve distribution sensation. There was left elbow tenderness with positive Tinel's sign. Tinel's and Phalen's testing at the wrist was positive bilaterally. There was lumbar paraspinal muscle tenderness with spasms and decreased range of motion. Straight leg raising was positive bilaterally. Hydrocodone, omeprazole, carisoprodol, and Docusate were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.