

Case Number:	CM15-0192898		
Date Assigned:	10/07/2015	Date of Injury:	12/31/1997
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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

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 63-year-old male who sustained an industrial injury on 12-31-1997. Diagnoses have included lumbar disc displacement without myelopathy, lumbar sprain or strain disorder, radiculopathy, cauda equina syndrome, arachnoiditis, associated hypertension, and chronic pain syndrome with idiopathic insomnia. Documented treatment includes medication including Oxycodone Gabapentin, Zanaflex "to relieve painful muscular contractions," and Prilosec stated "to protect the stomach from effects of other medications." Prilosec is noted in the records for at least 6 months. Carisoprodol is not documented, but Zanaflex is present since at least 6-2-2015. Response to specific medications is not provided in the documentation, but the physician notes that "This patient has had a good, but partial response to medication." At the 7-29-2015 visit, the injured worker reported sharp, stabbing low back pain with weakness, paresthesia, and numbness, and the physician observed reduced range of motion, reduced sensation at L4-S1, and absent deep tendon reflexes. The treating physician's plan of care includes Carisoprodol 350 mg. #120, Omeprazole 20 mg. #30, and a urine drug test "to monitor narcotic use, avoid diversion and identify substance abuse." The last screening available in medical records is dated 6-2-2015 but results are not interpreted in the physician notes. This request was denied on 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: Based on progress report dated 08/26/15, the patient presents with low back pain. He has a great deal of pain and discomfort in the left foot area, particularly the left great toe. The request is for CARISOPRODOL 350MG #120. The request for authorization form is dated 08/26/15. Patient's diagnoses include lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy, cauda equina syndrome, arachnoiditis, and associated hypertension; discomfort of the left foot and left great toe; chronic pain syndrome with idiopathic insomnia. Physical examination reveals reduced range of motion of the lumbosacral spine in all planes. Augmented touch-floor gap and reduced bilateral straight-leg raising measurements. Reduced sensation and strength in the distribution of the bilateral L4, bilateral L5, and bilateral S1 spinal nerve roots. Absent deep tendon reflexes below the waist. Tender, painful, bilateral lumbosacral paraspinal muscular spasms were noted. Patient's medications included Oxycodone, Percocet, Soma, and Prilosec. Per progress report dated 08/26/15, the patient is permanent and stationary. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 08/26/15, treater's reason for the request is "for relief of painful muscular spasms." Review of provided medical records show the patient was prescribed Carisoprodol on 07/29/15, which is 1 month from UR date of 09/01/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Carisoprodol #120 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on progress report dated 08/26/15, the patient presents with low back pain. He has a great deal of pain and discomfort in the left foot area, particularly the left great toe. The request is for OMEPRAZOLE 20MG #30. The request for authorization form is dated 08/26/15. Patient's diagnoses include lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy, cauda equina syndrome, arachnoiditis, and associated hypertension; discomfort of the left foot and left great toe; chronic pain syndrome with idiopathic insomnia. Physical examination reveals reduced range of motion of the lumbosacral spine in all planes. Augmented touch-floor gap and reduced bilateral straight-leg raising measurements. Reduced sensation and strength in the distribution of the bilateral L4, bilateral L5, and bilateral S1 spinal nerve roots. Absent deep tendon reflexes below the waist. Tender, painful, bilateral lumbosacral

paraspinal muscular spasms were noted. Patient's medications included Oxycodone, Percocet, Soma, and Prilosec. Per progress report dated 08/26/15, the patient is permanent and stationary. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 08/26/15, treater states, "to protect the stomach from the effects of the other medications." Review of provided medical records show the patient was prescribed Omeprazole on 06/02/15. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI, and the patient is not undergoing NSAID therapy. Additionally, it has been 3 months from UR date of 09/01/15 and the treater does not discuss how the patient is doing and why he needs to continue. Given the lack of documentation, the request IS NOT medically necessary.

Urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on progress report dated 08/26/15, the patient presents with low back pain. He has a great deal of pain and discomfort in the left foot area, particularly the left great toe. The request is for URINE DRUG TEST. The request for authorization form is dated 07/29/15. Patient's diagnoses include lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy, cauda equina syndrome, arachnoiditis, and associated hypertension; discomfort of the left foot and left great toe; chronic pain syndrome with idiopathic insomnia. Physical examination reveals reduced range of motion of the lumbosacral spine in all planes. Augmented touch-floor gap and reduced bilateral straight-leg raising measurements. Reduced sensation and strength in the distribution of the bilateral L4, bilateral L5, and bilateral S1 spinal nerve roots. Absent deep tendon reflexes below the waist. Tender, painful, bilateral lumbosacral paraspinal muscular spasms were noted. Patient's medications included Oxycodone, Percocet, Soma, and Prilosec. Per progress report dated 08/26/15, the patient is permanent and stationary. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per progress report dated 07/29/15, treater's reason for the request is "to monitor narcotic use, avoid diversion, and to identify substance abuse." In this case, the patient has been prescribed Oxycodone and Percocet, which are opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. There is no indication the patient had prior UDS in provided medical records. Therefore, the request IS medically necessary.