

Case Number:	CM15-0202283		
Date Assigned:	10/19/2015	Date of Injury:	11/07/2012
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 28 year old, male who sustained a work related injury on 11-7-12. A review of the medical records shows he is being treated for neck, mid back, low back, right shoulder and right knee pain. In the progress notes dated 4-15-15, the injured worker reports neck, mid back, low back, right shoulder and right knee pain. He states the pain is constant moderate and occasionally severe. On physical exam dated 4-15-15, he has decreased and painful right shoulder range of motion. He has tenderness to palpation over anterior and lateral aspects of shoulder. He has palpable tightness and pain over the right trapezius. He has some decreased and painful range of motion in right knee. He has some tenderness at the inferior pole of patella. Treatments have included 2 sessions so far of aqua therapy and medications. Current medications for this progress note include Mobic, Soma and Prilosec. No notation of working status. The treatment plan includes a request for completion of aqua therapy and medications. In the Utilization Review dated 9-2-15, the requested treatments of Carisoprodol 350mg. 30 day supply, #60, refill x 1, Meloxicam 15mg. 30 day supply, #30, x 1 refill, and Omeprazole 20mg., 30 day supply, #60 x 1 refill are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 1 refill: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which can be used for the treatment of acute muscle pain, but has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the exam notes do not demonstrate prior dosages and response to Soma. In addition, the worker was injured in 2012 and the medication is not recommended for the treatment of chronic pain or recommends long term use. The request is not medically necessary.

Meloxicam 15mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In this case the documentation submitted for review consists of a single clinical note from 4/15/15. It indicates the worker is being treated for neck, back right knee and right shoulder pain without documented etiology. The injury occurred in 2012. There is no indication from the documentation how long the injured worker has been prescribed NSAID's, if they offer function benefit or improvement in pain, or if there have been side effects

from their use. Due to potential side effect from long-term use and insufficient documentation to justify the use of Mobic, the request is not medically necessary.

Omeprazole 20mg #60 with 1 refill: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: 1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. The cited records from 4/15/15 do not demonstrate that the patient is at risk for gastrointestinal events to warrant the prescription of omeprazole. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.