

Case Number:	CM15-0020370		
Date Assigned:	02/09/2015	Date of Injury:	09/21/1999
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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 59-year-old male, who sustained an industrial injury on 9/21/1999. The diagnoses have included status post right shoulder and right carpal tunnel release surgery in 2001 and 2004, whole body pain, and lumbar degenerative disc disease. Treatment to date has included surgical interventions and conservative treatments. The PR2 report, dated 12/12/2012, noted medication use to include Norco, Soma, Klonopin, and Omeprazole. The PR2 report, dated 1/27/2014, noted that the injured worker was in the office 2 weeks early on 12/12/2012, due to using his month supply of Soma and Klonopin, and was nearly out of Norco. It also noted that he was obtaining medications on the streets because he was not getting enough. Previous weaning instructions were given but he chose to ignore taper instructions. A magnetic resonance imaging report of the lumbar spine, dated 7/11/2012, noted degenerative disc disease with facet arthropathy, L4-5 mild left foraminal narrowing, and large disc extrusion L5-S1. Currently, the injured worker complains of ongoing pain in the cervical spine, shoulders, elbows, hands, wrists, upper back, and lower back. He reported that current medications provided a 30% reduction in pain. He also reported heartburn. Exam noted normal range of motion, strength 5/5, and normal sensory exam. Gait and station were normal. Mood and affect were normal. Treatment plan included medication refills. On 1/30/2015, Utilization Review non-certified a retrospective request for Norco 10/325mg #120, non-certified a retrospective request for Soma 350mg #90, non-certified a retrospective request for Klonopin 1mg #60, and non-certified a retrospective request for Omeprazole 20mg #30, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-76, 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 12/16/2014 report, this patient presents with "ongoing cervical spine, shoulders, elbows, hands and wrists, upper and lower back." The current request is for retrospective Norco 10/325 mg #120. This medication was first mentioned in the 01/21/2013 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 12/10/2014. The patient's work status is "Defer to PTP." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's as required by the guidelines. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided indicate the patient's current pain is at 6/10. The treating physician mentions that "The medications remain effective, functional gains are proved by the medications in that they assist his ADL's, mobility and restorative sleep, contribution to his quality of life." The patient is able to "watering the lawn, carry grocery, and occasions when he must be on his feet for longer than 30-60 minutes." The patient "reports medication provides a 30% reduction in his pain." The treating physician documents that "We are routinely performing random urine drug testing to monitor compliance." In this case, the treating physician has documented the 4 A's as required by MTUS. Therefore, the request IS medically necessary.

Retrospective Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 12/16/2014 report, this patient presents with "ongoing cervical spine, shoulders, elbows, hands and wrists, upper and lower back." The current request is for Retrospective Soma 350 mg #90. The request for authorization is on 12/10/2014. The patient's work status is "Defer to PTP." For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most

LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. The medical reports provided indicate this medication was first mentioned in the 01/27/2014 report; it is unknown exactly when the patient initially started taking this medication. Soma is not recommended for long term use. The patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician has failed to mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Retrospective Klonopin 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 12/16/2014 report, this patient presents with "ongoing cervical spine, shoulders, elbows, hands and wrists, upper and lower back." The current request is for Retrospective Klonopin 1 mg #60. The request for authorization is 12/10/2014. The patient's work status is "Defer to PTP." MTUS guidelines page 24, does not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. The medical reports provided indicate this medication was first mentioned in the 01/21/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the treating physician has failed to clearly mention that this medication is for short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The current request IS NOT medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 12/16/2014 report, this patient presents with "ongoing cervical spine, shoulders, elbows, hands and wrists, upper and lower back." The current request is for Omeprazole 20 mg #30. The request for authorization is on 12/10/2014. The patient's work status is "Defer to PTP." The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh 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." MTUs further

states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The medical reports provided indicate this medication was first mentioned in the 01/21/2013 report; it is unknown exactly when the patient initially started taking this medication. There is no indication that this patient is on NSAID and has gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. The treating physician has failed to clearly provide discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request IS NOT medically necessary.