

Case Number:	CM15-0038961		
Date Assigned:	03/09/2015	Date of Injury:	03/10/2010
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 3/10/2010. He was diagnosed as having lumbar radiculitis and lumbar disc displacement post lumbar spine surgery (bilateral hemilaminectomy L4-5 and L5-S1 on 12/21/2011). Treatment to date has included diagnostics, H-wave and medications. Per the Treating Physician's Progress Report dated 12/10/2014, the injured worker reported ongoing low back pain and increased swelling in the feet. He has had increased spasms. He reports good relief with H-wave and has been able to decrease his medications. He had an evaluation with a spine surgeon last week and surgical intervention was recommended. Objective findings included positive paravertebral tenderness to the lumbar spine with a mildly antalgic gait. Straight leg raise was positive on the left. Sensation was decreased in the right leg. The plan of care included continuation of medications including Tylenol #3, Zantac and Soma, and follow-up in two months. Authorization was requested for Tylenol #3, Soma and Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol w/codeine #3 (1) 3 times a week as needed #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Tylenol (acetaminophen) #3 is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain and swelling in the feet. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of Tylenol (acetaminophen) #3 taken as one tablet three times daily as needed is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Zantac 150mg one twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Ranitidine: Drug information. Topic 9853, version 145.0. UpToDate, accessed 03/05/2015.

Decision rationale: Zantac (ranitidine) is a medication in the H2-blocker class. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the

stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed records indicated the worker was experiencing lower back pain and swelling in the feet. There was no suggestion the worker had any symptoms or signs of any of the conditions this medication is used to treat. There also was no discussion describing special circumstances that sufficiently support the use of this medication in this setting. In the absence of such evidence, the current request for 60 tablets of Zantac (ranitidine) 150mg taken as one tablet twice daily is not medically necessary.

Soma 350mg 1 twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and swelling in the feet. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain, detailing decreased pain or increased function with the use of this specific medication, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Soma (carisoprodol) 350mg taken as one tablet twice daily is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.