

Case Number:	CM15-0057484		
Date Assigned:	04/02/2015	Date of Injury:	08/20/2001
Decision Date:	06/30/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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:

The injured worker is a 64 year old male who sustained an industrial injury on 08/20/2001. Mechanism of injury was continuous trauma. Diagnoses include lumbago, bilateral foot and ankle pain, post-traumatic headaches, cervical spine with hardware, bilateral carpal tunnel syndrome, lumbar spine with disc displacement, hypertension, stress, anxiety, and depression, sleep deprivation, erectile dysfunction, gastritis secondary to medications, and umbilical hernia. Treatment to date has included diagnostic studies, medications, surgery, 32 sessions of physical therapy, and psychological testing. Medications include Soma, Prilosec, Norco, Prozac, Ambien, Trazodone, Risperdal, Ativan, and Nitroglycerin. A physician progress note dated 03/02/2015 documents the injured worker complains of tenderness to palpation to the low back. On examination he is alert and oriented. In a note dated 01/28/2015 the injured worker complains of bilateral foot and ankle pain which is severe and not improving, and there is significant swelling and discoloration, post traumatic headaches, neck pain which is sharp and stabbing that radiates into the bilateral upper extremities with numbness and tingling, bilateral hand pain with numbness, lower back pain which is constant, sharp and stabbing without numbness, and stress anxiety and depression, and sleep deprivation. He also complains of erectile dysfunction and stomach pain and umbilical hernia. Cervical spine range of motion is limited. There is tenderness to both wrist and hands. Phalen's and Tinel's are positive bilaterally. Lumbar spine range of motion is limited and he has moderate pain with range of motion. Kemp's test is positive both right and left. There is tenderness bilaterally in the feet and ankles, and there is

significant discoloration and swelling. Treatment requested is for Norco 10/325mg/tab; 1 tab Q 8 hrs #90, Prilosec 20mg/tab; 1 tab BID #60, and Soma 350mg/tab; 1 tab BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg/tab; 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001. He continued to be treated for low back pain. Chiropractic treatments are referenced as providing improvement including decreased medication use. Physical examination findings have included wrist and hand tenderness with positive Tinel's and Phalen's test. He has decreased and painful lumbar spine range of motion with positive Kemp's testing. He has bilateral foot and ankle tenderness with edema. Medications include soma being prescribed on a long-term basis. He is not taking any oral non-steroidal anti-inflammatory medication. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec was not medically necessary.

Norco 10/325mg/tab; 1 tab Q8hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, Weaning of medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001. He continued to be treated for low back pain. Chiropractic treatments are referenced as providing improvement including decreased medication use. Physical examination findings have included wrist and hand tenderness with positive Tinel's and Phalen's test. He has decreased and painful lumbar spine range of motion with positive Kemp's testing. He has bilateral foot and ankle tenderness with edema. Medications include soma being prescribed on a long-term basis. He is not taking any oral non-steroidal anti-inflammatory medication. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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 (morphine equivalent dose) is less than 120 mg per day, there is no documentation that

medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

Soma 350mg/tab; 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001. He continued to be treated for low back pain. Chiropractic treatments are referenced as providing improvement including decreased medication use. Physical examination findings have included wrist and hand tenderness with positive Tinel's and Phalen's test. He has decreased and painful lumbar spine range of motion with positive Kemp's testing. He has bilateral foot and ankle tenderness with edema. Medications include soma being prescribed on a long-term basis. He is not taking any oral non-steroidal anti-inflammatory medication. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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. Prescribing Soma was not medically necessary.