

Case Number:	CM14-0115344		
Date Assigned:	08/04/2014	Date of Injury:	09/10/2001
Decision Date:	10/08/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty procedure; cervical spine surgery; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for Soma, Ultram, Prilosec, and Norco. The applicant's attorney subsequently appealed. In a July 4, 2014 progress note, the applicant reported persistent complaints of pain, 9/10, exacerbated by sitting, standing, lifting, twisting, driving, and lying down. The applicant was on Effexor, Topamax, tramadol, Soma, Norco, Prilosec, and Motrin, it was acknowledged. The applicant was no longer working at age 77, it was stated. Epidural steroid injection therapy was sought. The attending provider stated that the applicant was using Prilosec for gastrointestinal symptoms associated with medications. The attending provider stated that the applicant did not have any side effects with Prilosec or other medications, including Ultram, Norco, Soma, etc. The attending provider stated that opioid therapy was ameliorating the applicant's ability to dress herself. The attending provider then stated that Prilosec was providing "100%" decrease in gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tab po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 78-80,29, 68.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant, is in fact, using a variety of opioid agents, including Norco and tramadol. Adding carisoprodol to the mix is not recommended, particularly for the long-term use purpose for which it is seemingly being proposed via the 90-tablet supply endorsed here. Therefore, the request is not medically necessary.

Ultram 50mg 1 tab #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-80,29, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, although it is acknowledged that this may be a function of the applicant's age (77) as opposed to a function of the industrial injury. While the attending provider has suggested that ongoing usage has been beneficial from a pain reduction standpoint, the attending provider has failed to outline any material or tangible improvements in function achieved as a result of the same. The applicant's comment that ongoing medication usage has ameliorated her ability to dress herself appears to be a marginal to negligible benefit at best, one which is outweighed by her failure to return to work. Therefore, the request is not medically necessary.

Prilosec 20 mg #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 78-80,29, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69, 7.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that an attending provider should

incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has reported that ongoing usage of Prilosec has ameliorated the applicant's gastrointestinal symptoms by "100%." Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Norco 10/325mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-80,29, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has failed to outline a compelling case for provision of two separate short-acting opioid agents, namely Ultram and Norco. Therefore, the request is not medically necessary.