

<b>Case Number:</b>	CM14-0126532		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 32 year old male who sustained an industrial injury on 4/20/2006, to the low back due to continuous trauma. Treatment to date has included medications, physical therapy, acupuncture, and epidural injections. The medical record do not indicate he is currently working. According to the initial PTP report, dated 2/4/2014, the patient reported left shoulder, left elbow, left hand/wrist, lumbar spine, and psyche complaints. He is not currently working. Medical history is negative, and he denies having any known allergies to medications. He is currently taking medications. Physical examination documented decreased ROM and positive impingement of the left shoulder, tender laterally and positive Cozen's/lateral epicondyle of the left elbow, thoracolumbar paravertebral muscle tender, spasm present, decreased ROM, no dermatomal deficits, 5/5 muscle strength, 2+ reflexes, and normal/negative all orthopedic tests. The diagnoses are left shoulder internal derangement, left lateral epicondylitis and lumbar radiculopathy. Treatment plan is requests for tennis elbow support, physical therapy, left shoulder MRI and EMG/ncs of upper extremities. According to the 7/2/2014 PTP progress report, the patient continues to have left shoulder, bilateral shoulder and neck pain, and low back pain persists as well and radiates to the bilateral lower extremities with numbness and tingling. There has been no significant improvement since the last visit. Physical examination reveals the left anterior shoulder is tender to palpation, restricted ROM and positive impingement sign. The left lateral elbow is tender to palpation and Cozen's/Lateral epicondyle sign is positive. There is paravertebral muscle tenderness, spasm, restricted ROM, negative SLR tests, and no deficits in any dermatomes of the lower extremities. The patient continues the diagnoses left shoulder internal derangement, left lateral epicondylitis and lumbar radiculopathy. The patient continues medications as before. Another round of physical therapy is requested. Medications are

continued as naproxen, omeprazole, carisoprodol, and hydrocodone. The patient should return back to regular work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole Dr 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor; NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

**Decision rationale:** The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 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). However, none of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not include supportive correlating subjective/objective findings that would establish Omeprazole is medically indicated. The medical necessity of Omeprazole has not been established.

**Carisoprasol 350mg #60 with 2 refills:** 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 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In addition, despite ongoing use of Soma, muscle spasms of the same region is repeatedly documented on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The chronic use of carisoprodol, a medication that is not recommended under the guidelines, is therefore not medically necessary.

**Hydrocodone 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80.

**Decision rationale:** According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The patient reports there has been no significant improvement since his last exam. He has not returned to work. The guidelines states opioids should be discontinued if there is no overall improvement in function. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary according to the guidelines. The medical records fail to establish continued use of hydrocodone is appropriate and clinically indicated.