

Case Number:	CM14-0126703		
Date Assigned:	08/13/2014	Date of Injury:	09/20/2005
Decision Date:	12/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 28-year-old male who reported an injury due to lifting heavy insulation on 09/20/2005. On 06/18/2014, his diagnoses included lumbar strain with intermittent bilateral radicular symptoms, thoracic strain, cervical strain with bilateral cervical radiculopathy, spontaneous aggravation, and gastrointestinal upset due to medications. His complaints included neck pain radiating to the scapulae and upper arms. He stated that he needed to keep his neck flexed to avoid significant pain. His pain interfered with his sleep. He had further complaints of low back pain with radiation to the thighs, mid back pain, and occasional stomach upset due to his medications. He rated his pain 10/10 without medication and 4-6/10 with medication. His medications included Norco 7.5/325 mg for relief during flare ups, naproxen 550 mg for pain and inflammation, Soma 350 mg for muscle spasm and nizatidine 150 mg for relief of stomach upset due to anti-inflammatory medications. The treatment plan recommendations included renewal of his medications plus massage therapy with roll finger technique, which in the past has allowed him to take less pain medication. A Request for Authorization dated 06/25/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request for Norco 7.5/325 #45 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatments should begin with acetaminophen, aspirin, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 7.5/325 #45 is not medically necessary.

Naproxen 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs- NSAIDs. Decision based on Non-MTUS Citation NSAIDs Non Steroidal Anti Inflammatory Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Naproxen 550MG is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. For chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. Naproxen is recommended for osteoarthritis or ankylosing spondylitis. There was no evidence in the submitted documents that this injured worker had a diagnosis of either osteoarthritis or ankylosing spondylitis. Additionally, the request did not specify a quantity or frequency of administration. Therefore, this request for Naproxen 550MG is not medically necessary.

Soma 350MG: 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: Soma is not recommended. This medication is not indicated for long term use. Soma 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. The main concern is the accumulation of meprobamate. Soma abuse has also been noted to augment or alter effects of other drugs. This includes in combination with hydrocodone, an effect that some abusers claim is similar to heroin. The guidelines do not support the use of this medication. Additionally, there was no quantity or frequency of administration specified in the request. Therefore, this request for Soma 350MG is not medically necessary.

Nizatidine 150MG: 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 (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Nizatidine 150MG is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID use. Nizatidine is an H2 receptor antagonist recommended for the treatment of dyspepsia secondary to NSAID therapy. The guidelines recommend to switch to a different NSAID or consider a proton pump inhibitor. Nizatidine is also indicated for duodenal ulcers and endoscopically diagnosed esophagitis. There was no indication in the submitted documents that this injured worker had any of the above diagnoses or risk factors for gastrointestinal events. Additionally, there was no quantity or frequency of administration included with this request. Therefore, the request for Nizatidine 150MG is not medically necessary.

Massage Therapy 1X12: 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 Massage therapy Page(s): 60.

Decision rationale: The request for Massage Therapy 1X12 is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments including exercise, and it should be limited to 4 to 6 visits. Lack of long term benefits could be due to the short treatment period or that it does

not address the underlying causes of pain. The requested 12 visits exceed the recommendations in the guidelines. Therefore, this request for Massage Therapy 1X12 is not medically necessary.