

Case Number:	CM14-0136292		
Date Assigned:	09/03/2014	Date of Injury:	06/13/1997
Decision Date:	10/07/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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 injured worker is a 57 year old male who was injured on 06/13/97, sustaining chronic low back pain. The mechanism of injury was not provided in the clinical notes submitted for review. Current diagnoses include sprain/strain of the lumbar spine, spondylolisthesis, L4-L5, and neuroblastoma with abnormal gait and muscle strength. Clinical note dated 12/06/13 indicated the injured worker complains of low back pain aggravated by standing, walking and cold weather. Pain level was rated as 5-6/10. Physical examination revealed tenderness in the lower lumbar spine, with evidence of spasm, with limited lumbar range of motion. Clinical note dated 07/11/14 indicated the injured worker complains of low back pain which radiates down into his left leg, with pain level rated as 5/10. Physical examination revealed tenderness in the left low back with evidence of spasm. The injured worker ambulates with single point cane. Straight leg raise test was positive on the left. Range of motion in the lumbar spine revealed flexion of 50degrees, extension of 5 degrees, right lateral bending of 25 degrees and left lateral bending of 10 degrees. Treatment management includes Norco 10/325mg, Soma 350mg, Motrin 800mg and Zantac 300mg. The previous request for Soma 350mg #90 with 2 refills has been modified to a certification of 1 prescription of Soma was denied on 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol> Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculo-skeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, withdrawal symptoms may occur with abrupt cessation and requires a slow taper over 2-4 weeks. As such, a modification for a one month prescription of Soma 350mg #45 with no refill+ for weaning purposes is medically necessary.

Norco 10/325 mg #100 with 2 refills: 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): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medication. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10-325mg tab cannot be recommended as medically necessary at this time.

Zantac 300 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Online Version (2004)> <Medications, Non-Steroidal Anti-inflammatory drugs> < H2 blockers Zantac.

Decision rationale: Based on the ACOEM, online version, concomitant prescriptions of cytoprotective medications, like H2 blockers (Ranitidine) are recommended for patients at

substantially increased risk for gastrointestinal bleeding. There is no indication in the clinical documentation that the patient has gastric symptoms or history of gastrointestinal bleeding necessitating the necessity of the medication. As such, the request for Zantac 300mg, #30, with 2 refills, is not recommended as medically necessary.