

Case Number:	CM14-0139934		
Date Assigned:	09/08/2014	Date of Injury:	06/25/1982
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 patient is a 68-year-old male who has submitted a claim for lumbago associated with an industrial injury date of June 25, 1982. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain that does not radiate rated at 5/10. Patient reported 60 percent relief on the current regimen. Examination revealed no tenderness on the CVA, spinal area, and paraspinal area. Treatment to date has included medications. Utilization review from August 22, 2014 denied the request for Retrospective request for Hydrocodone/Acetaminophen #120 (DOS 8/4/14), Retrospective request for Carisoprodol 350mg #60 (DOS 8/4/14), Retrospective request for Celebrex 200mg #90 (DOS 8/4/14) and Retrospective request for Pantoprazole Sodium 40mg #90 (DOS 8/4/14). The request for Hydrocodone/Acetaminophen was denied because there was no documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and claimant. The request for Carisoprodol was denied because the guidelines do not recommend its long-term use. The request for Celebrex was denied because there is no recent records that pertain to the patient's pain and medications. The request for pantoprazole was denied because the submitted records are older than 90 days old from the date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/Acetaminophen #120 (DOS 8/4/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the latest progress notes available are more than a year old. Furthermore, there is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the retrospective request for Hydrocodone/Acetaminophen #120 (DOS 8/4/14) is not medically necessary.

Retrospective request for Carisoprodol 350mg #60 (DOS 8/4/14): Upheld

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

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

Decision rationale: According to page 29 of the CA MTUS Medical Treatment Guidelines, carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. This medication is not indicated for long-term use. In this case, the only progress report submitted for review was dated 2013. The current status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the retrospective request for Carisoprodol 350mg #60 (DOS 8/4/14) is not medically necessary.

Retrospective request for Celebrex 200mg #90 (DOS 8/4/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the latest record available is more than a year old. The present status of the patient and the duration of Celebrex use are unknown. Therefore, the retrospective request for Celebrex 200mg #90 (DOS 8/4/14) is not medically necessary.

Retrospective request for Pantoprazole Sodium 40mg #90 (DOS 8/4/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided are more than a year old. The patient's status during the DOS is not known. Therefore, the retrospective request for Pantoprazole Sodium 40mg #90 (DOS 8/4/14) is not medically necessary.