

<b>Case Number:</b>	CM14-0163827		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Interventional Spine 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 66 years old male with an injury date on 11/05/2013. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbar Radiculopathy. According to this report, the patient complains of continues to have low back pain; "no significant improvement since last visit." The patient is in "an enormous amount of pain and has not been provided with medications to alleviate the pain." Physical exam of the lumbar indicates spasm and tenderness at the paravertebral muscles with restricted range of motion. Straight leg raise is positive bilaterally. The greater trochanter is tender to palpation and pressure over the piriformis area produce pain. The 07/09/2014 report mention the patient "continues to take medications for pain, which helps." There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/20/2013 to 10/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64 and 63.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents low back pain; "no significant improvement since last visit."The treater is requesting Carisoprodol 350mg. For muscle relaxants for pain, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Carisoprodol and this medication was first noted in the 02/12/2014 report. Carisoprodol is not recommended for long term use. The treater does not mention that this is for a short-term use. The request is not medically necessary and appropriate.

**NORCO 5-325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, CRITERIA FOR USE OF OPIOIDS , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89,.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents low back pain; "no significant improvement since last visit."The treater is requesting Norco 5-325mg #60. Norco was first mentioned in the 12/17/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.

**KETOPROFEN 75MG #30 WITH 2 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, Anti-inflammatory medications non-steroidal anti-inflammatory drugs Page(s): 60, 6.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents low back pain; "no significant improvement since last visit."The treater is requesting Ketoprofen 75mg #30 with 2 refills. Ketoprofen was first mentioned in the 12/17/13 report; it is unknown exactly when the patient initially started taking this medication. California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The 07/09/2014 report indicates the patient "continues to take medications for pain, which helps."The request Ketoprofen appears reasonable and consistent with MTUS guidelines. Treatment is medically necessary and appropriate.

**OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents low back pain; "no significant improvement since last visit."The treater is requesting Omeprazole DR 20mg #30 with 2 refills. Omeprazole was first mentioned in the 12/17/13 report; it is unknown exactly when the patient initially started taking this medication. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent non-steroidal anti-inflammatory drugs (NSAIDs). MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient is taking Ketoprofen and has no gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Furthermore, the reports do not mention any GI problems such as gastritis or GERD to warrant use of this medication. The request is not medically necessary and appropriate.

**ZOLPIDEM TARTRATE 10MG #30 MEDICALLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents low back pain; "no significant improvement since last visit." The treater is requesting Zolpidem Tartrate 10mg #30 medically. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address Ambien; however, Official Disability Guidelines (ODG) Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia, however, the treater is requesting 10mg #30. In this case, medical records indicate the patient has been prescribed Ambien since 07/09/2014. However, there were no indications that the patient has sleeping issue. The treater does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication; the request is not medically necessary and appropriate.