

<b>Case Number:</b>	CM14-0089131		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/25/1991
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 65 year old female. The date of injury is May 25, 1991. The patient sustained injuries to the knee and low back. The mechanism of injury occurred while picking up a wheelchair. The patient's current diagnosis is chronic pain secondary to trauma. The patient currently complains of knee pain, irritable bowel syndrome, joint pain, and chronic back pain. The patient is maintained on the multimodal pain medication regimen including Dicyclomine Aciphex, Soma and Norco. A request for Dicyclomine Aciphex, Soma and Norco was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicyclomine 20mg quantity: 120.00 with 3 refills:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: FDA patient package insert for Dicyclomine.

**Decision rationale:** No guidance on this medication in either the MTUS or the ODG. Dicyclomine is FDA approved for irritable bowel syndrome. According to the documents

available for review, the patient has a documented history of irritable bowel disease. Therefore, in the absence of guidance to the contrary, the requirement for treatment have been met and medical necessity for the use of this medication has been established.

**Aciphex 20mg quantity: 30.00 with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Chronic, PPI.

**Decision rationale:** According to the ODG, PPIs are recommended for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. According to the documents available for review, the patient does have a history of gastroesophageal reflux disease and is at risk for gastrointestinal events. According to the MTUS, Aciphex should be used as a second line agent. According to the documents available for review, there is no indication that the patient has tried a first-line agent in this class. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Soma 350mg quantity: 120.00 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 MTUS, Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Norco 10/325mg quantity: 150.00 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 Opioids, On-Going Management Page(s): 74-97.

**Decision rationale:** Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) also need to be considered. 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. There is no current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects. Additionally the patient has not returned to work nor has objective, consistent documented improved functioning in pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.