

<b>Case Number:</b>	CM15-0012166		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury on 3/4/02 with subsequent ongoing back pain. In a PR-2 dated 12/8/14, the injured worker complained of pain 8-9/10 on the visual analog scale without medications and 4-5/10 with medications. The physician noted that they briefly looked into vocational rehabilitation. Physical exam was noted to be unchanged with tenderness to palpation in the lumbar region in the midline without spasm. Range of motion exam revealed flexion 80 degrees, extension 15 degrees, lateral bending to the right was near full and to the left was 75% of normal. Current diagnoses included low back pain secondary to a disc L5-S1, status post discectomy, gastritis secondary to NSAID use, depression, anemia and constipation. The treatment plan included continuing current medications (Soma, Prilosec, Norco, Lactulose, Phenergan, Gemfibroxil, Lipitor, Ambien, Cymbalta and Abilify) and following up with her Ob/Gyn and psychiatrist. On 12/19/14, Utilization Review noncertified a request for Omeprazole 20mg #30, Promethazine 25mg #30 and one functional capacity evaluation and modified a request for Soma 350mg #60 to Soma 350mg #9 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting OMEPRAZOLE 20 MG QUANTITY 30. The RFA dated 12/11/2014 shows a request for omeprazole 20 mg quantity 30. The patient's date of injury is from 03/04/2002 and she is working. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 01/06/2014. The 01/06/2014 report notes, "She is also on some GI medications for related medication-induced GERD." In this case, the treater has noted gastrointestinal events and the continued use of omeprazole is warranted. The request IS medically necessary.

**Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisopodol (Soma, Soprodal 350, Vanadom, generic available).

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

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting SOMA 350 MG QUANTITY 60. The RFA dated 12/11/2014 shows a request for Soma 350 mg quantity 60. The patient's date of injury is from 03/04/2002 and she is working. The MTUS Guidelines page 29 on Carisoprodol -Soma- states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate -a schedule IV controlled substance. The records show that the patient was prescribed Soma on 01/13/2014. Soma is not supported by the MTUS Guidelines for long-term use. The request IS NOT medically necessary.

**Prescription of Promethazine 25mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti-emetics (for opioid nausea), Official Disability Guidelines, Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter on promethazine-Phenergan

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting PRESCRIPTION OF PROMETHAZINE 25 MG QUANTITY 30. The RFA dated 12/11/2014 shows a request for promethazine 25 mg quantity 30. The patient's date of injury is from 03/04/2002 and she is working. The MTUS and ACOEM Guidelines do not address this request; however, the ODG Guidelines under the mental illness and stress chapter on promethazine-Phenergan states, "Where sedating antihistamines are not recommended for long-term insomnia treatment." The records show that the patient was prescribed promethazine on 01/13/2014. The patient's list of medications includes Soma, Prilosec, Norco, lactulose, Phenergan, gemfibrozil, Lipitor, Ambien, Cymbalta, and Abilify. The patient does have a history of difficulty with sleep. In this case, long-term use of sedating antihistamines is not supported by the ODG Guidelines for insomnia treatment. The request IS NOT medically necessary.

**One Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting 1 FUNCTIONAL CAPACITY EVALUATION. The RFA dated 12/11/2014 shows a request for functional capacity evaluation. The patient's date of injury is from 03/04/2002 and her current work status is working. The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. The treater noted on 12/08/2014, "By this report, I request authorization for a functional capacity evaluation. From what she tells me, the judge ordered her to return to work. A functional capacity evaluation is to be done, so that appropriate limitations can be given." The records do not show any previous functional capacity evaluation. Given that a judge has ordered the patient to return to work, a functional capacity evaluation is crucial in this situation and is supported by the guidelines. The request IS medically necessary.