

Case Number:	CM15-0115890		
Date Assigned:	06/24/2015	Date of Injury:	03/10/2010
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 64 year old male who sustained an industrial injury on 3/10/10. The injured worker was diagnosed as having lumbar radiculitis, lumbar disc displacement, post lumbar spine surgery with bilateral L4-5 and L5-S1 hemilaminectomy, and diabetes. Treatment to date has included lumbar hemilaminectomy, H-Wave, and oral medications including Tylenol #3, Zantac and Soma. (MRI) magnetic resonance imaging of lumbar spine revealed L4-5 and L5-S1 (HNP) herniated nucleus pulposus with nerve root impingement. A progress note of 12/10/14 notes that medications include tylenol No. 3, soma, and zantac. Currently, at a visit on 2/4/15, the injured worker complains of ongoing low back pain, increased swelling in feet and increased spasms. He notes that with the use of the H-Wave he is able to decrease medications. Urine drug screen performed on 11/6/13 was consistent with compliance with medications prescribed. Physical exam noted paravertebral tenderness of lumbar spine, mild antalgic gait, decreased sensation of right leg (L5) and decreased strength in right heel/toe. The treatment plan included a request for authorization for Tylenol #3, #90, soma #60 and Zantac, along with recommendation for surgery for re-disc herniation and follow up appointment. Work status was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS recommends co-therapy of non-steroidal anti-inflammatory agents (NSAIDs) with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. In this case, there was no documentation of NSAID use, dyspepsia, or any GI symptoms. Due to lack of specific indication, the request for zantac is not medically necessary.

Soma 350mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The MTUS states that Carisoprodol is not recommended for chronic pain, and also that this medication is not indicated for long-term use. It is not recommended for longer than a 2 to 3 week period. Carisoprodol has a significant abuse and habituating potential. The injured worker has been prescribed Carisoprodol more than three months. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Therefore, the request for Carisoprodol 350mg #60 is not medically necessary.

Tylenol with codeine #3 quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Tylenol #3 has been prescribed for at least three months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, return to work was not documented, and an opioid contract was not submitted or discussed. One urine drug screen from more than one year prior was noted. Per

the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, Tylenol #3 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.