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| Case Number: | CM15-0126563 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 09/19/2011 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female, who sustained an industrial injury on September 19, 2011. The injured worker reported that her left leg went back and her right leg went forward causing her to fall onto her left side with the left hip slightly extending where she then rolled to the left. The injured worker reported trying to get up pulling her right arm which caused a popping sensation to the right shoulder. She also noted pain to the right ankle. The injured worker was diagnosed as having cervicalgia with right upper extremity radiculopathy, right shoulder impingement, right shoulder superior labrum anterior and posterior tear, and lumbago with intermittent sciatica to the bilateral lower extremities. Treatment and diagnostic studies to date has included use of a walker, magnetic resonance imaging of the low back, status post lumbar four to five discectomy with laminotomy and needle facetotomy, medications regimen, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the cervical spine, and nerve conduction study to the upper extremities. In a progress note dated May 22, 2015 the treating physician reports complaints of pain to the cervical spine, right shoulder, lumbago with bilateral lower extremity pain, right upper extremity weakness, numbness, and paresthesias. Examination reveals moderate tenderness with spasm to the right cervical paravertebral muscles and trapezius muscles, decreased range of motion with pain to the cervical spine, tenderness to the lumbar spine, decreased range of motion with pain to the lumbar spine, weakness to the right upper extremity, weakness to the right hamstrings, positive straight leg raise bilaterally, decreased range of motion to the right shoulder, and greater pain to the trapezius than the deltoid muscle. The injured worker's medication regimen included Ibuprofen. The

documentation indicated the injured worker's pain level as rated on a pain scale averages 6/10 with high scores prior to use of her medication regimen and lower scores after use of her medications regimen. There was documentation that the injured worker experiences functional improvement with use of her current medication regimen. The treating physician requested the medications of Ibuprofen 600mg with a quantity of 90 noting current use of this medication and Omeprazole 20mg quantity of 60 with the treating physician noting that the injured worker has complaints of gastrointestinal symptoms with the use of Ibuprofen. The treating physician also requested the medications of Norco 10/325mg quantity of 60 and Soma 350mg with a quantity of 60. The IW is also utilizing Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg Qty 90: Overturned

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 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the risk of renal, cardiac and gastrointestinal complications. The records indicate that the patient reported pain relief and functional restoration with utilization of NSAIDs. The patient is utilizing omeprazole for the prophylaxis and treatment of NSAIDs related gastrointestinal complications. The criteria for the use of ibuprofen 600mg #90 IS MEDICALLY NECESSARY.

Norco 10/325 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard NSAIDs, non opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is utilizing Valium and Soma concurrently. There is no documentation of compliance monitoring with serial UDS, absence of

aberrant behavior or functional restoration with chronic use of opioids. The criteria for the use of Norco 10/325mg #60 was NOT MEDICALLY NECESSARY.

Omeprazole 20 mg Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the risk of renal, cardiac and gastrointestinal complications. The records indicate that the patient reported pain relief and functional restoration with utilization of NSAIDs. The patient is utilizing omeprazole for the prophylaxis and treatment of NSAIDs related gastrointestinal complications. The criteria for the use of omeprazole 20 mg #60 was MEDICALLY NECESSARY.

Soma 350 mg Qty 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 9792.24.2 Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard NSAIDs, non opioid co-analgesics and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioid or sedative medications. The use of Soma is associated with higher incidence of sedation and addiction behavior because of the central action of the anesthetic like metabolites. The use of Soma had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The records indicate that the patient is utilizing Valium and Soma concurrently. There is no documentation of compliance monitoring with serial UDS, absence of aberrant behavior or functional restoration with chronic use of Soma. The criteria for the use of Soma 350mg #60 was not MEDICALLY NECESSARY.