

Case Number:	CM15-0126989		
Date Assigned:	07/13/2015	Date of Injury:	06/08/1994
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 6/08/1994. The mechanism of injury was not noted. The injured worker was diagnosed as having clinically consistent lumbar radiculopathy, status post discectomy and posterolateral fusion at L4-5 and L5-S2 in 2004, lumbar facet pain, and myofascial pain. Treatment to date has included diagnostics, lumbar spinal surgery, and medications. Currently, the injured worker complains of persistent low back pain, rated 7/10, with radiation to his left lower extremity. Current medications were documented as helping with pain and he requested refills. A review of symptoms was positive for anxiety. The treatment plan included medication refills for Norco, Carisoprodol, Celebrex, and Ranitidine. His work status was modified. Medication use was consistent since at least 2/2015, at which time pain was rated 5-6/10. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #120 is not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol 350mg #60 is not medically necessary.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Celebrex 100mg #60 is not medically necessary.

Ranitidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Secondary NSAID therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

Decision rationale: Ranitidine is an H2 agonist compounded with inactive ingredients. Although the patient is taking NSAIDs, there is no documentation in the medical record that he has any of the risk factors cited in the MTUS for recommending an H2 agonist. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Ranitidine 150mg #60 is not medically necessary.