

<b>Case Number:</b>	CM15-0148078		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/13/2006
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: New York, California  
 Certification(s)/Specialty: Emergency 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 35 year old female who sustained an industrial injury on 10-13-06. The injured worker was diagnosed as having cervical discopathy with disc displacement status post cervical fusion x2, cervical radiculopathy, and cephalgia related to neck pain. Currently, the injured worker reported pain in the low back and neck with radiation to the mid back and shoulders, as well as headaches. Previous treatments included topical compound cream, non-steroidal anti-inflammatory drugs, oral pain medication, oral muscle relaxant, and serotonin receptor agonist and psychiatrist evaluation. Previous diagnostic studies were not included. Work status was not noted. Physical examination was notable for tenderness to palpation to the cervical paraspinal musculature, decreased range of motion, and tenderness to palpation to the occipital cervical paraspinal musculature. The plan of care was for a retrospective (date of service 6-28-15) Prilosec 20 milligrams quantity of 90, a retrospective (date of service 6-28-15) Ultram extended release 150 milligrams quantity of 90, a retrospective (date of service 6-28-15) Norco 10-325 milligrams quantity of 14 and a retrospective (date of service 3-28-15) Soma 350 milligrams quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (dos 6/28/15) Prilosec 20mg #90: 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 NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request is for a retrospective (date of service 6-28-15) Prilosec 20 milligrams quantity of 90. Currently, the injured worker reported pain in the low back and neck with radiation to the mid back and shoulders, as well as headaches. CA MTUS recommendations state that long term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor 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. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." Provider documentation is without mention of gastrointestinal events. Upon physical examination there was no documentation of gastrointestinal events, or indication for the prescribing of Prilosec. As such, the request for a retrospective (date of service 6-28-15) Prilosec 20 milligrams quantity of 90 is medically unnecessary.

**Retrospective (dos 6/28/15) Ultram ER 150mg #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, Tramadol (Ultram) Page(s): 76-80, 93-94, 113.

**Decision rationale:** The request is for a retrospective (date of service 6-28-15) Ultram extended release 150 milligrams quantity of 90. Currently, the injured worker reported pain in the low back and neck with radiation to the mid back and shoulders, as well as headaches. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." The available clinical information does not validate improvement in function, pain levels were not documented in the 6-28-15 documentation, and the initiation date of Tramadol/APAP was not documented. In addition, there is no documentation of close monitoring including a pain contract. As such, the request for a retrospective (date of service 6-28-15) Ultram extended release 150 milligrams quantity of 90 is medically unnecessary.

**Retrospective (dos 6/28/15) Norco 10/325mg #14: 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): 76-80.

**Decision rationale:** The request is for a retrospective (date of service 6-28-15) Norco 10-325 milligrams quantity of 14. Currently, the injured worker reported pain in the low back and neck with radiation to the mid back and shoulders, as well as headaches. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. As such, the request for a retrospective (date of service 6-28-15) Norco 10-325 milligrams quantity of 14 is medically unnecessary.

**Retrospective (dos 3/28/15) Soma 350mg #90: 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 Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-64, 29.

**Decision rationale:** The request is for a retrospective (date of service 3-28-15) Soma 350 milligrams quantity of 90. Currently, the injured worker reported pain in the low back and neck with radiation to the mid back and shoulders, as well as headaches. CA MTUS states muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. CA MTUS guidelines do not support the chronic use of Soma. Soma is indicated only for short term use with reservation. There is no indication for continued use of Soma in the chronic setting based upon the guideline criteria. As such, the request for a retrospective (date of service 3-28-15) Soma 350 milligrams quantity of 90 is medically unnecessary.