

Case Number:	CM15-0172906		
Date Assigned:	09/22/2015	Date of Injury:	10/13/2006
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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 35 year old female who sustained an industrial injury on 10-13-2006. Current diagnoses or physician impression includes cervical disc displacement (status post cervical fusion x2), cervical radiculopathy, and cephalgia related to neck pain. Report dated 08-01-2015, noted that the injured worker (IW) presented with complaints that included continued low back pain and neck pain at the base of her neck which radiates to the mid back and to the back of the head resulting in headaches. The injured worker was noted to be pregnant and that there has been increased back with the pregnancy. However, the pregnancy was noted to be going well while still taking her medications which consist of Prilosec, Ultram ER, Norco and Soma. There were no pain ratings discussed in this report not on the previous report dated 06-28-2015. Physical examination, performed on 08-01-2015, revealed healed incision sites to the head and neck, tenderness to palpation over the cervical paraspinal musculature, decreased range of motion (ROM) in the cervical spine secondary to pain and stiffness, positive Spurling's test on the right, tenderness to palpation over the occipital cervical paraspinal musculature, and slightly diminished reflexes throughout. There were no noted changes from the previous exam (06-28-2015). Previous treatments included cervical fusion surgeries (2007 & 2011) and medications. The treatment plan included continuation of current medications (Prilosec, Ultram ER, Norco, Soma and Colace) which have been approved by the treating obstetrician, physical therapy, acupuncture, and follow-up in 6 weeks. Request for authorization included retrospective requests for Prilosec 20mg #90 (DOS 08-01-2015); Ultram ER 150mg #90 (DOS 08-01-2015); Norco 10-325mg #140 (DOS 08-01-2015), Soma 350mg #90 (DOS 08-01-2015); and a current urine toxicology. The utilization review dated 08-25-2015, non-certified the request for Prilosec 20mg #90 (DOS 08-01-2015); Ultram ER 150mg #90 (DOS 08-01-2015); Norco 10-325mg #140 (DOS

08-01-2015), Soma 350mg #90 (DOS 08-01-2015); and a current urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg #90 date of service: 08/01/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI (Proton-pump inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years;
(2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Retrospective request for Prilosec 20mg #90 date of service: 08/01/2015 is not medically necessary.

Retrospective request for Ultram ER 150mg #90 date of service: 08/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Evidence based guidelines note that continuation of opioids is medically appropriate when their only physician is prescribing, the lowest dose possible is used, and there is ongoing review of functional status, objective improvement, appropriate medication use, and monitoring side effects. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor shopping, uncontrolled drug escalation, drug diversion). Continuing review of overall situation with regard to non-opioid pain control. It was reported that this patient has already discontinued this medication due to her pregnancy. Retrospective request for Ultram ER 150mg #90 date of service: 08/01/2015 is not medically necessary.

Retrospective request for Norco 10/325mg #140 date of service: 08/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. It was reported that this patient has already discontinued this medication due to her pregnancy. Retrospective request for Norco 10/325mg #140 date of service: 08/01/2015 is not medically necessary.

Retrospective request for Soma 350mg #90 date of service: 08/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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. Retrospective request for Soma 350mg #90 date of service: 08/01/2015 is not medically necessary.

Retrospective request for Colace 100mg #60 date of service: 08/01/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Retrospective request for Colace 100mg #60 date of service: 08/01/2015 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no

documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology is not medically necessary.