

<b>Case Number:</b>	CM15-0040355		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 56-year-old female who reported an injury on 04/13/2011. Her primary diagnosis was of a sprain or strain of unspecified site of the shoulder and upper arm. Her treatment to date included oral and topical medications with complaints of neck pain, numbness and tingling, and radiation to the shoulder. When she was seen on 01/14/2015, she continued to complain of cervical spine pain rated as an 8/10 with associated symptoms related to the bilateral shoulders, both rated as 8/10 and right elbow symptoms rated at 6.5/10. She previously had been utilized Soma, Ambien, and Oxycontin and continued to report high levels of pain despite the use of opioids. On her examination, she had decreased range of motion in all planes of the cervical spine as well as the bilateral shoulders with tenderness identified to the various regions as well. The most recent urine toxicology screen was dated 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #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 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the California MTUS Guidelines, long-term use of Soma is not recommended. The clinical documentation provided for review indicated that the injured worker had been utilizing this medication for several months without a significant reduction in symptoms to warrant ongoing use. Therefore, without a more thorough rationale for continuation of use of the carisoprodol, the requested service cannot be warranted. Therefore, the medical necessity has not been established.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The use of a proton pump inhibitor may be warranted for injured workers who have symptoms related to GI upset while utilizing other oral medications. However, the most recent clinical documentation did not identify any GI complaints related to the use of medications, nor as a standalone condition. Because this medication is not considered appropriate for prophylactic treatment, the current request cannot be warranted. Therefore, after review of the provided information and in reference to the medical guidelines, the omeprazole 20 mg is not considered medically necessary.

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines indicate that for long-term use of ibuprofen or other NSAIDs, there must be documentation of vital sign checks to confirm that the medication use has not caused any adverse events, to include an increase in blood pressure. There was a lack of information pertaining to the injured worker's vital signs and a lack of overall medical history to include the effects from the use of ibuprofen to treat the injured worker's medical conditions. There was no statement as to how this medication had reduced the pain level or inflammation related to the injuries and improved the injured worker's overall functionality. Therefore, after review of the clinical documentation, the requested service is not considered medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien).

**Decision rationale:** According to the Official Disability Guidelines, without clinical documentation that the injured worker was suffering from any sleep disorder to necessitate the use of this medication, ongoing use of Ambien cannot be warranted. Additionally, long-term use of this medication is not supported under the guidelines, with the recommended duration of 7 to 10 days. The most recent clinical documentation dated 01/2015, did not identify any relevant issues for ongoing use of the Ambien. With the clinical notes indicating the injured worker as having been utilizing Ambien since at least 11/2014, she is well beyond the 7 to 10 day recommended duration of use. Therefore, the requested service is not considered medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

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

**Decision rationale:** According to the California MTUS Guidelines, without having identification that the use of this medication has significantly reduced the injured worker's symptoms and improved her overall functionality, ongoing use cannot be supported. Additionally, there was no information regarding the injured worker having undergone a current urine drug screen to confirm medication compliance and no aberrant drug taking behaviors. Without meeting the criteria for ongoing use of an opioid, as per the guidelines, the requested service cannot be considered a medical necessity.

**Specimen collection and handling:** 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 Opioids Page(s): 74-96.

**Decision rationale:** Although a urine drug screen may be indicated for injured workers who have been utilizing narcotic agents, and although specimen collection handling is part of a urinalysis and/or urine drug screen, without having any recent clinical documentation provided for review to confirm that the injured worker is continuing to utilize an opioid, the necessity for

specimen collection and handling is not warranted. The most recent clinical documentation was dated 01/2015 with no recent assessment having been performed to determine which medications the injured worker continues to utilize. Therefore, the requested specimen collection and handling is not considered medically necessary at this time.

### **Urine Toxicology Screen and Confirmations Ordered for Medication Management**

**Purposes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

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

**Decision rationale:** Although the clinical documentation indicated that the injured worker had been utilizing an opioid as of 01/2015, there was no recent record of any medical history to confirm that the injured worker continued to utilize an opioid to warrant a urine drug screen. The guidelines do recommend the use of urine toxicology screening to determine medication compliance and no aberrant drug taking behaviors. However, without having the appropriate documentation of the injured worker's current medication use as well as current pathology, the requested service is not considered medically necessary at this time.