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| <b>Case Number:</b>   | CM15-0042702 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 08/04/2008 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2015 |

### 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: Indiana

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 40-year-old male, who sustained an industrial injury on 8/4/2008. The details of the initial injury were not submitted for this review. The diagnoses have included cervical discopathy, disc protrusion L3-4 and L5-S1; status post left knee arthroscopy and ACL reconstruction 2009, head injury with concussion, bilateral posterior vitreous detachment, right knee meniscus tear, right upper extremity ulnar neuropathy and cochlear concussion. Treatment to date has included medication therapy, physical therapy, home exercise, acupuncture, medial branch block and epidural steroid injections. Currently, the IW complains of pain in the neck, lumbar and thoracic spine, bilateral knees, shoulders and hands. The physical examination from 1/28/15 documented diffuse cervical muscle tightness and tenderness with limited Range of Motion (ROM) in all directions. The lumbar spine was significant for muscle spasms, decreased ROM and positive straight leg raise test bilaterally. The plan of care included medication therapy as previously prescribed.

### 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 Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain, "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that, "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco or other opioid in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma and Muscle Relaxants Page(s): 29-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states regarding Crisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is, "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend long-term usage of SOMA. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for SOMA 350 MG # 60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Protection Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or(2) A Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Prilosec is not medically necessary.