

Case Number:	CM15-0065425		
Date Assigned:	04/13/2015	Date of Injury:	02/16/1998
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 46 year old male, who sustained an industrial injury on 2/16/98. The injured worker was diagnosed as having left L5 and S1 radiculopathy, rule out lumbar intradiscal component, and rule out cervical radiculopathy. Other diagnoses included major depression with psychotic features and chronic pain for which the injured worker had psychiatric treatment. Treatment to date has included physical therapy, TENS, and medications. A physician's report dated 12/5/14 noted low back pain was rated as 7/10 and cervical pain was rated as 5/10. At that time the injured worker was taking Hydrocodone 7.5mg, Soma 350mg, and Pantoprazole 20mg. Physical therapy was noted to be beneficial with improved range of motion of the cervical and lumbar spine. Currently, the injured worker complains of low back pain and left great then right lower extremity symptoms. Cervical pain with left greater than right upper extremity symptoms was also noted. The treating physician requested authorization for 4 Hydrocodone 7.5mg #90, Soma 350mg #90, and Pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Hydrocodone 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Hydrocodone is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of hydrocodone, 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. 4 Hydrocodone 7.5mg #90 is not medically necessary.

Soma 350mg #90: Upheld

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

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. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Patient has been taking Soma for at least as far back as six months. Soma 350mg #90 is not medically necessary.

Pantoprazole 20mg #60: 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).

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

Decision rationale: Pantoprazole is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has

any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20mg #60 is not medically necessary.