

Case Number:	CM14-0090811		
Date Assigned:	07/23/2014	Date of Injury:	08/20/1999
Decision Date:	10/20/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 59-year-old female with an 8/20/99 date of injury. At the time (5/21/14) of Decision for Hydroco/APAP Tab 7.5/325 Day Supply: 30; QTY 120; Refills: 01, Carisoprodol Tab 350mg; Day supply: 30; Qty: 60; Refills: 0, and Ranitidine Tab 150mg; Day Supply: 30; QTY: 60; Refills: 0, there is documentation of subjective (chronic shoulder, knee, low back and midback pain) and objective (positive straight leg raise, decreased sensation in the posterior thighs, and difficulty with heel-toe walk) findings, current diagnoses (lumbar radiculitis, lumbar disc bulge at L5-S1, and bilateral knee internal derangement), and treatment to date (medications (including ongoing treatment with Norco and Soma since at least 2/6/14)). Regarding Hydroco/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Carisoprodol, there is no documentation of the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Regarding Ranitidine, there is no documentation of risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP TAB 7.5/325 Day Supply: 30; QTY 120; Refills: 01: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar disc bulge at L5-S1, and bilateral knee internal derangement. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydroco/APAP Tab 7.5/325 Day Supply: 30; QTY 120; Refills: 01 is not medically necessary.

Carisoprodol TAB 350mg; Day supply: 30; Qty : 60; Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available

for review, there is documentation of diagnoses of lumbar radiculitis, lumbar disc bulge at L5-S1, and bilateral knee internal derangement. In addition, there is documentation of ongoing treatment with Soma. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol/Soma since at least 2/6/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol Tab 350mg; Day supply: 30; Qty: 60; Refills: 0 is not medically necessary.

Ranitidine TAB 150mg; Day Supply: 30; QTY: 60; Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs), as criteria necessary to support the medical necessity of Ranitidine. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar disc bulge at L5-S1, and bilateral knee internal derangement. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Ranitidine Tab 150mg; Day Supply: 30; QTY: 60; Refills: 0 is not medically necessary.