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| <b>Case Number:</b>   | CM13-0005256 |                              |            |
| <b>Date Assigned:</b> | 03/21/2014   | <b>Date of Injury:</b>       | 11/19/2002 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 07/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2013 |

### 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 Anesthesiology has a subspecialty in Pain Management 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:

The patient has filed a claim for postlaminectomy syndrome associated with an industrial injury date of November 19, 2002. Utilization review from July 22, 2013 denied the requests for Percocet due to no discussion of duration of use and ongoing complaints measures, Ambien due to no support for long-term use, and soma due to no support from the guidelines and no evidence of muscular spasms. Treatment to date has included opioid and non-opioid pain medications and Lumbar fusion. Medical records from 2013 were reviewed showing the patient complaining of chronic low back pain graded at 4/10 on the pain scale. This is aggravated by bending and standing. There is also radiation of pain to the bilateral lower extremities, right greater than the left. There is report constipation when she takes medication but is managing on milk of Magnesia. On examination, the patient was noted to be in no apparent distress. The patient is noted to be stable on the current medication regimen and has been able to maintain function especially with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, page 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Percocet since November 2012 for chronic low back pain. However, the documentation did not indicate compliance measures such as urine drug screens. Therefore, the request for Percocet is not medically necessary and appropriate.

**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, Online Version, Pain 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, Pain Chapter, Zolpidem.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem treatment was used instead. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking Ambien since November 2012. However, recent progress notes did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. In addition, this medication is not recommended for long-term use. Therefore, the request for Ambien is not medically necessary and appropriate.

**SOMA 350MG #45:** 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:** As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, the patient has been taking Soma since November 2012. However, recent progress notes did not indicate any development of muscular spasms. This medication is also not recommended for long-term use. There is no discussion concerning the

need for variance from the guidelines. Therefore, the request for Soma is not medically necessary and appropriate.