

Case Number:	CM13-0017546		
Date Assigned:	11/06/2013	Date of Injury:	04/17/2004
Decision Date:	02/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in addiction toxicology, has a subspecialty in pediatrics, and is licensed to practice in Massachussettes. 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 physician 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.

CLINICAL CASE SUMMARY

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

38 year old patient with date of injury 4/7/2004. Patient complains of left leg pain and low back pain. Also complains of paraspinal tenderness. Treatment included medications, Physical therapy and epidural steroid injection. The treatment in dispute are 1. Ambien CR 12.5 mg 2. Norco 10/325 mg 3. Soma

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5% tablets for 30 days, with 2 refills, 30 total: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Effectiveness of non-benzodiazepine hypnotics in treatment of adult insomnia: meta-analysis of data submitted to the Food and Drug Administration. BMJ. 2012 Dec 17;345:e8343. doi: 10.1136/bmj.e8343, as well as An update on Zolpidem abuse and dependence. J Addict D

Decision rationale: Ambien is a nonbenzodiazepine agent that is used to treat insomnia. Ambien can be used for 2 to 6 weeks. Chronic use is not recommended as per the evidence form literature. Huedo-Medina TB, et al, 2012 described that ambien produce only slight improvements in subjective and polysomnographic sleep latency. Also previous partial

certification was intended to gradually wean the ambien and transition to nonpharmacologic therapy. Also as per the current evidence , ambien carries significant abuse and dependency potential. The request for Ambien CR 12.5% tablets for 30 days, with 2 refills, 30 total, is not medically necessary or appropriate.

Norco 10/325 mg for 30 days, with 2 refills, 180 total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74. Decision based on Non-MTUS Citation Von Korff MRLong-term use of opioids for complex chronic pain. Best Pract Res Clin Rheumatol. 2013 Oct;27(5):663-72. doi: 10.1016/j.berh.2013.09.011. Epub 2013 Oct 5.

Decision rationale: The Physician Reviewer's decision rationale: Criteria used MTUS and pubmed literature review .After reviewing the availbale documents it is reasonable to conclude that patient has reached a plateau level with regard to her back pain , MTUS guidelines (page 82) recommends that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in the indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patients present documented clinical situation does not indicate such medical condition. Also there was concern for a positive urine toxicology test of illicit nonprescribed opioids. The request for Norco 10/325 mg for 30 days, with 2 refills, 180 total, is not medically necessary or appropriate.

Soma 350mg for 30 days, 2 refills, 90 total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The Physician Reviewer's decision rationale: Patient has been on Soma for a long time. there is no evidence that the drug is causing any positive impact on the functionlaity or ADLs (activities of daily living). It was recommended earlier to wean Soma gradually. Soma has abuse potential, if combined with APAP/codeine combination, it is called "Soma coma." The Chronic Pain Medical Treatment Guidelines recommends Soma or Muscle relaxants with "caution" that too for acute low back pain and for short term. Since the injury happened on 2004, it is hghly unlikely for accruing any additional benefit. The request for Soma 350mg for 30 days, 2 refills, 90 total, is not medically necessary or appropriate.