

<b>Case Number:</b>	CM13-0020682		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a date of work injury 5/1/02 due to repetitive typing in the 1980s and a date of birth 2/1/42. His diagnoses include cervical disc disorder with myelopathy; cervical radiculopathy; cervical spinal stenosis with mild myelopathy. He has a past medical history of Stage 3 kidney failure, hypertension. Diabetes mellitus Guillain-Barre syndrome. A 7/26/13 primary treating physician progress report indicates that patient is well developed well nourished male in no acute distress. He is alert and oriented x 3. He is pleasant and cooperative and responded to questions appropriately. There was no formal examination. The treatment plan was to continue his meds and monitor his renal function. If the renal function changes, may have to decrease or change meds. A 6/5/13 primary treating physician progress report indicates that the patient's labs from 5/23/13 have improved. He reports his nephrologist did not have any concerns with him taking Soma, Gabapentin and Norco despite his decreasing renal function. He reports "his kidney status" is "improved and stable". His sleep and mood symptoms remain unchanged. He is retired and no longer working. He continues to remain active as much as possible. X-rays cervical spine 5/2011 show normal anatomic alignment and stable fusion between C5-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG TAB, 1 PO BID PRN, RETROSPECTIVE DOS 7/26/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**Decision rationale:** Soma 350mg one twice a day as needed retrospective 7/26/13 is not necessary per MTUS guidelines. The Chronic Pain Medical Treatment Guidelines does not recommend this medication for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The quantity requested is for greater than a 2-3 week period. Patient has been on this medication for longer than a 2-3 week period already. There is no specific quantity requested of this medication. The request for Soma 350mg one twice a day as needed retrospective is not necessary.

**GABAPENTIN 600MG TABLET, 1-3 PO QHS, RETROSPECTIVE DOS 7/26/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**Decision rationale:** Gabapentin 600MG tablet, 1-3 by mouth at bedtime, retrospective DOS 7/26/13 is not medically necessary per Chronic Pain Medical Treatment Guidelines. The documentation indicates patient has stage 3 renal failure. The Chronic Pain Medical Treatment Guidelines states that Gabapentin is renally excreted have been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. The documentation submitted reveals patient has been on this medication since at least May 2013 without significant increase in function or decrease in pain. The documentation submitted does not indicate patient has neuropathic pain. The request does not indicate a quantity of Gabapentin. The request for Gabapentin 600 mg 1-3 by mouth at bedtime is not medically appropriate or necessary for this patient.

**KLONOPIN 0.5MG TAB, 1 PO QHS PRN SLEEP, RETROSPECTIVE DOS 7/26/13:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Klonopin 0.5 mg tablet, 1by mouth at bedtime as needed for sleep is not medically necessary per Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines does not specifically address insomnia. Klonopin is a

benzodiazepine. The Chronic Pain Medical Treatment Guidelines does not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The Official Disability Guidelines (ODG) states that benzodiazepines are only recommended for short term use for insomnia. The ODG recommends pharmacologic agents for insomnia only after careful evaluation of potential causes of sleep disturbance. The ODG states that the physician should address alternative methods of sleep hygiene. The request for Klonopin does not indicate a quantity. The documentation does not indicate a discussion of alternative sleep strategies. The patient has been on Klonopin May 2013 which exceeds guideline recommendations. The request for Klonopin is not medically necessary or appropriate.

**AMBIEN 10MG TAB, 1 PO AS QHS IF NEED FOR SLEEP, RETROSPECTIVE DOS 7/26/13:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress Knee, Zolpidem.

**Decision rationale:** Ambien 10mg tablet, 1 by mouth as needed to sleep (retrospective DOS 7/26/13) is not medically necessary. The MTUS does not specifically address insomnia or Ambien. The Official Disability Guidelines (ODG) states that Ambien is not recommended for long-term use, but recommended for short-term use. (Usually two to six weeks). The ODG states that the physician should address alternative methods of sleep hygiene. Additionally the ODG states that there is also concern that they may increase pain and depression over the long-term. The request for Ambien does not indicate a quantity. The documentation does not indicate a discussion of alternative sleep strategies. The request for Ambien 10mg one tablet as needed at bedtime sleep is not medically necessary.

**NORCO 10/325MG, 1 TAB PO BID PRN, RETROSPECTIVE DOS 7/26/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids and when to continue Opioids, Opioid Classifications: Short-acting/L.

**Decision rationale:** The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section When to Discontinue Opioids and when to continue Opioids page(s)79-80; Opioid Classifications: Short-acting/Long-acting opioids:page 75; Opioids, specific drug list page 91; Part 2 - Pain Interventions and Treatment page(s)11-12; On-Going Management page78. The Expert Reviewer's decision rationale: Norco 10/325MG, 1 Tablet by mouth twice a day as needed , retrospective DOS 7/26/13 is not medically necessary per the

Chronic Pain Medical Treatment Guidelines. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that the pain has improved patient's pain or functioning to a significant degree. Norco is renally excreted and this patient has Stage 3 kidney disease. The request submitted for Norco is not medically necessary or appropriate.