

Case Number:	CM13-0064260		
Date Assigned:	01/03/2014	Date of Injury:	11/28/2006
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 is a 59 year old male who was injured on 11/28/2006. He slipped and fell, landed on his hips, and suffered a disk herniation at about L2-3. Office visit dated 02/07/2014 indicated the patient did not want to have any surgical intervention and he had always been compliant with his medications. He lived on a rural ranch-type setup where he had to do some of the work on an episodic basis and pace himself. He had been able to remain physically independent in spite of his problem. In terms of his symptoms, he had daily aching back pain and reported alternating pain into both legs. The patient varied with activity and obviously was worse on some days than others. He will frequently have flare-ups when he had to be more active. He also had a lot of associated back spasm. Over the years, he has used various medications, including MS Contin and Opana; however, he had preferred to use just the Norco and save the long-acting medications for just severe episodes. He averaged 10 Norco per day and 3-4 Somas per day, which control his back spasms. On this, he was able to remain functional, do activities of daily living, including light chores in and around his property. He had no adverse side effects either cognitively or with GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #120 WITH THREE (3) REFILLS: 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 MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-65.

Decision rationale: As per CA MTUS guidelines, Soma is not recommended for longer than 2 to 3 weeks period. In this case, this patient is currently taking 3 to 4 Soma per day to help back spasms. The request is for SOMA 350 MG #120 with three (3) refills, which exceeds the guidelines recommendation. Thus, the request is not medically necessary. Further guidelines do not recommend abrupt discontinuation and hence weaning process needs to be initiated.

AMBIEN 12.5 MG #20 WITH THREE (3) REFILLS: 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), PAIN (CHRONIC), ZOLPIDEM (AMBIEN).

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, this patient has chronic lower back pain and reports difficulty sleeping at night secondary to chronic pain. However, the records provided is very limited and only includes a progress note dated 02/07/2014 with no documentation of sleep hygiene or number of hours of sleep. There is documentation that he is taking Ambien but lacks documentation of efficacy with the use of this medication. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request is not medically necessary and is not medically necessary.

OPANA ER 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 76-94.

Decision rationale: As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects,

physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed three different opioids including Norco, MS Contin, and Opana. It is noted that at present he takes 10 Norco per day as well as MS Contin for severe flare-ups, which is helping controlling back pain. The records submitted is very limited to determine if there is evidence of functional improvement or pain reduction with the use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a recent urine drug screening was done. Thus, the request is not medically necessary. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.