

Case Number:	CM14-0007717		
Date Assigned:	02/12/2014	Date of Injury:	06/29/2010
Decision Date:	07/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 is a 54-year-old female who has submitted a claim for cervical facet joint arthropathy, cervical disc bulge and cervical degenerative disc disease associated with an industrial injury date of 6/29/2010. Medical records from 2012-2013 were reviewed which revealed persistent bilateral lower neck pain which radiated into the bilateral shoulder and scapular area. Physical examination showed restricted cervical spine range of motion in all planes secondary to pain. There was tenderness of the bilateral cervical paraspinal muscles overlying bilateral C4-T1 facet joints. Cervical facet joint provocative maneuvers were positive. Cervical spasm was also noted. Manual muscle testing of both upper extremities were 5/5. Nerve root tension signs were negative. Treatment to date has included fluoroscopically guided left C4-C5 and left C7-T1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) and medial branch block. Medications taken include Percocet, Soma, Ambien and Lidoderm Patch. Utilization review from 1/14/14 did not grant the request for Ambien 5 mg and modified the request for Oxycodone 10/325 mg #90 with 2 refills to #70 with 0 refills. SOMA was also modified from #60 with 2 refills to #40 with 0 refills. Both medications were modified for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ambien 5 mg #30 with 2 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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The California 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 was used instead. Official Disability Guidelines 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 this medication as early as July 2011. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines. Therefore, the request for Ambien is not medically necessary.

1 oxycodone 10/325 mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient's usage of Oxycodone was July 2011. Progress report dated 3/4/14 stated that pain scale of the patient decreased from 9/10 to 4/10 with the use of this medication. In addition, it allowed patient to perform activities of daily living and minor home care. Furthermore, no adverse side effects were noted with its use. Guidelines have been met. Therefore, the request for 1 oxycodone 10/325 mg #90 with 2 refills is medically necessary.

1 Soma 350 mg 1 tablets #60 with 2 refills: 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 patient was prescribed SOMA, a class of muscle relaxant since 2011. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for 1 soma 350 mg 1 tablets #60 with 2 refills is not medically necessary.