

Case Number:	CM14-0007747		
Date Assigned:	04/09/2014	Date of Injury:	09/17/2001
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
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 Physical Medicine and Rehabilitation 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:

This 46 year-old female sustained a low back injury from repetitive bending on 9/17/01 while employed by [REDACTED]. The requests under consideration include prescription for Carisoprodol 350mg #60, prescription for Nucynta ER 100mg #60, and prescription for Zolpidem 10mg #30. The report of 11/21/13 from the provider noted patient with low back pain radiating to both lower extremities with numbness and tingling; neck pain radiating to bilateral upper extremities rated at 9/10. She is unable to wean from Norco. The exam noted slow and antalgic gait, lumbar muscle spasm, tenderness to palpation in lumbar spine, decreased sensation in left and right lower extremity in L4-S1 dermatomes. There was a reference to CT scan of 2005 noting post-operative changes at L5-S1 with intradiscal fusion and disc bulging at L4-5 on MRI in 2005. Diagnoses included lumbar radiculopathy, failed surgery syndrome s/p fusion and disc replacement 2005, s/p spinal cord stimulator implant, chronic pain and treating through future medical provision. The above medications were non-certified on 12/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CARISOPRODOL 350MG #60: 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 Carisoprodol (Soma®) Page(s): 29.

Decision rationale: Per California MTUS Chronic Pain Guidelines on muscle relaxant, Carisoprodol (Soma) is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2001. The submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. The California MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The prescription for Carisoprodol 350mg #60 is not medically necessary and appropriate.

PRESCRIPTION FOR NUCYNTA ER 100MG #60: 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 Opioids And On-Going Management Page(s): 74-96.

Decision rationale: Nucynta® (tapentadol) Tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Nucynta® (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The prescription for Nucynta ER 100mg #60 is not medically necessary and appropriate.

PRESCRIPTION FOR ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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: the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with

anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The prescription for Zolpidem 10MG #30 is not medically necessary and appropriate.