MAXIMUS Federal Services

Case Number:	CM14-0105892		
Date Assigned:	07/30/2014	Date of Injury:	10/10/2006
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational Medicine 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 is a 54 year-old female who has reported widespread pain after an injury on 10/10/06. Painful areas include the neck, back, head, and extremities. Diagnoses include "pain" of various body areas, spasm, and degenerative disc disease. Treatment has included chronic Zanaflex, ibuprofen, Norco, hypnotics, and Soma. The treating physician reports list these medications for years, with Norco, Motrin, and Soma prescribed since at least 2007.Soma has been non-certified or modified in prior Utilization Reviews, with no apparent change in prescribing/dispensing by the treating physician. None of the treating physician reports over the years have described specific functional improvement from this medication and reasons why it should be used in spite of the MTUS recommendations against it. Zanaflex has been prescribed/dispensed for years, with no specific functional improvement described, and no reasons provided as to why it should be used long term rather than as recommended by the MTUS. Liver tests were reportedly normal in December 2013.On 2/26/14 the treating physician stated that trazodone had been trialed for sleep and was ineffective. Sleep quality was poor and a sleep study was prescribed. Current medications included Norco, ibuprofen, Soma, and Rozerem.On 3/26/14 and 4/2/14 sleep was described as very poor due to pain and a sleep study was prescribed. Current medications included trazodone, Norco, ibuprofen, Soma, and Rozerem. On 4/23/14 and 5/21/14, pain was increased and sleep quality was poor. Function and medications were unchanged. On 6/18/14 the treating physician noted ongoing multifocal pain that was partially relieved by medications, and that was increased since the last visit. Quality of sleep was poor. The specific results of using any single medication were not discussed. The current medications included Soma, Zanaflex, Norco, Rozerem, trazodone, Lyrica, and ibuprofen. Physical findings included multiple tender points, spasm, and painful range of motion. The treating physician noted ongoing multifocal pain, ability to work at home doing desk work, ability to do activities of daily living, ongoing polypharmacy,

and dependency on medications to perform activities of daily living. The specific results of using each of the medications was not discussed. Trazodone was stated to be for sleep.On 7/16/14 the treating physician noted ongoing multifocal pain, ability to work at home doing desk work, ability to do activities of daily living, ongoing polypharmacy, and dependency on medications to perform activities of daily living. The specific results of using each of the medications was not discussed. On 6/30/14 Utilization Review non-certified a prescription for Soma #90, partially certified a prescription for Zanaflex #30, partially certified a prescription for Norco #180, non-certified Rozerem, non-certified trazodone, and non-certified ibuprofen. The MTUS and the Official Disability Guidelines were cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carlsoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Page 63, muscle relaxants; Page 29, Carisoprodol (Soma); Page 60, medication trials.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for years. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reports refer to medications in general as beneficial but the specific results of any single medication are not properly assessed or documented, as recommended in the MTUS for chronic pain, page 60. Soma is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, Soma is not indicated and is not medically necessary.

Zanaflex 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63, muscle relaxants; Page 60, medication trials.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for years. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reports refer to medications in general as

beneficial but the specific results of any single medication are not properly assessed or documented, as recommended in the MTUS for chronic pain, page 60. Per the MTUS, Zanaflex is not indicated and is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 77-81, Opioid management; Page 94, Opioids, steps to avoid misuse/addictionPage 80, indications, Chronic back painPage 81, Mechanical and compressive etiologiesPage 60, Medication trials.

Decision rationale: The MTUS recommends prescribing opioids according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and there should be a prior failure of non-opioid therapy. The treatment plan does include the necessary items. There is no evidence of a current drug testing program, as the last urine drug screen was in 2010 or earlier. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. Pain is routinely described as increasing, yet the role of opioids is not re-assessed. There is no evidence that opioids were trialed in the manner recommended in the MTUS, page 60. The prescribing physician does not specifically address function with respect to prescribing opioids alone, as there is a plethora of medications prescribed to date, and no specific results of taking any single medication. Sleep quality is routinely described as poor due to pain, and this is not discussed with respect the ongoing use of opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics", as is recommended in the MTUS. Therefore, Norco is not medically necessary.

Rozerem 8 mg #30: 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, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense years of hypnotics. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Per the Official Disability Guidelines cited above, Rozerem is indicated for short term use only (7-10 days). Rozerem has been prescribed/dispensed for years in this case.

While using Rozerem, the medical reports consistently report poor sleep and the need for a sleep study. Therefore, Rozerem is not medically necessary.

Trazodone 50 mg #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense years of hypnotics. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Per the Official Disability Guidelines cited above, trazodone is an option for insomnia but it has many side effects, including rebound insomnia. While using trazodone, the medical reports consistently report poor sleep and the need for a sleep study. Trazodone was also stated to have been trialed for insomnia and failed. Therefore, Trazodone is not medically necessary.

Ibuprofen 800 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 60, Medications for chronic pain Page 68, NSAIDs for Back Pain - Acute exacerbations of chronic pain Page 68, Back Pain - Chronic low back pain Page 70, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, from this medication rather than non-specific benefit described for all of the ongoing medications as a group. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only, for the shortest time period possible. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been prescribing/dispensing large quantities of NSAIDs for years, which is counter to the recommendations of the MTUS for treatment of back pain, and not generally recommended for NSAIDs unless absolutely necessary. While prescribed ibuprofen, pain is routinely described as worsened, which was not addressed by the treating physician in light of the ongoing use of NSAIDs. Therefore, Ibuprofen on a chronic basis for years is not medically necessary.