

<b>Case Number:</b>	CM14-0106739		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/01/2004
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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:

The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; topical agents; epidural steroid injection therapy; adjuvant medications; and reported return to regular duty work. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for Soma, denied a request for Percocet, denied a request for Ambien, and denied a request for Neurontin. The applicant's attorney subsequently appealed. In a progress note dated July 18, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, 8/10. It was seemingly suggested that the applicant was working. Percocet was being employed on a more frequent basis owing to heightened complaints of low back pain, it was suggested. The applicant stated that ongoing usage of Percocet was diminishing her pain complaints to 4/10. The applicant's medication list included Flexeril, Soma, Senna, Lidoderm, Percocet, Neurontin, Ambien, metformin, prednisone, QVAR, Zestril, Advair, glipizide, Ativan, Maxzide, Zantac, Senna, Singulair, theophylline, and albuterol. The applicant was described as having superimposed issues with poor sleep, depression, and adjustment disorder, it was acknowledged. Multiple medications were refilled. The applicant stated that Neurontin was diminishing her radicular pain complaint. It was reiterated that the applicant was working on a full-time basis. Ambien was being employed for sleep purposes, it was suggested. In a June 20, 2014 progress note, the applicant reported 7/10 low back pain radiating to bilateral lower extremities. The applicant again reported issues with depression. The applicant was asked to continue Ambien on this occasion. It was stated that the applicant was using Ambien for sleep purposes. The applicant was using Flexeril and Soma for spasm. It

was reiterated that the applicant was working full time with restrictions. The applicant was described as permanent and stationary in another section of the report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29, 7.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is in fact using opioid agents, including Percocet. Adding Soma or carisoprodol to the mix, particularly on a long-term basis for which it is seemingly being employed here, is not recommended. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not furnished a compelling rationale for provision and/or use of two separate muscle relaxants, Soma and Flexeril. Therefore, the request is not medically necessary.

**Percocet 10/325mg, #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to full-time work at [REDACTED]. The applicant is reporting appropriate improvements in pain and function achieved as a result of ongoing Percocet usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Ambien CR 12.5mg, #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 Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider is seemingly intent on employing Ambien for chronic, long-term, and scheduled-use purposes. Two progress notes, referenced above, suggested that the applicant has been using Ambien for a minimum of 60 days. No applicant-specific rationale or compelling medical evidence was furnished to support provision of Ambien for non-FDA labeled purposes. Therefore, the request is not medically necessary.

**Neurontin 800mg, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs.

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has posited that ongoing usage of Neurontin (gabapentin) has curtailed the applicant's ongoing lower extremity radicular complaints and has facilitated the applicant's returning to and/or maintaining regular duty work status. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.