

Case Number:	CM14-0108073		
Date Assigned:	08/01/2014	Date of Injury:	03/16/2002
Decision Date:	10/20/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 Medicine and is licensed to practice in Georgia. 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 claimant is a 59 year old male presenting with chronic pain following a work related injury on 03/15/2002. The claimant complained of low back pain and neck pain. The physical exam showed spasms, right pericervical, trapezius and cervical, 4/5 motor strength in the left upper extremity, decreased sensation in the left cervical dermatomal distribution, decreased range of motion of the cervical spine, tenderness of the lumbar paraspinous, muscle spasms and antalgic gait. The claimant was diagnosed with status post laminectomy and discectomy, L5-S1 to the left, severe disc collapse, facet disease ad moderate recurrent disc herniation L5-S1 with lateralization to the left, L4-5 disc bulge with bilateral foraminal narrowing, neuritis, left S1 nerve root and C3-C6 bulges with stenosis. A claim was made for various medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Cap 100mg #30 1 refill: 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 Anti-epilepsy drugs (AEDs) Page(s): 19.

Decision rationale: Lyrica Cap 100mg #30 with 1 refill is not medically necessary. Per the California MTUS, Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia. There is also no documentation that the claimant has failed other first line AEDs; therefore, the request is not medically necessary.

Carisoprodol Tab 360mg #120 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 23.

Decision rationale: Carisoprodol Tab 360mg #120 with 1 refill is not medically necessary. The California MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and its primary active metabolite is Meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedation and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. There was a 300% increase in numbers of emergency room episodes related to [REDACTED] from 1994-2005. Intoxication appears to include subjective consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and Meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuations of large doses occur. This is similar to withdrawal from Meprobamate. There is little research in terms of weaning of high dose carisoprodol up at all and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of a stroke. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg per day and the taper is 3 mg per day with a slower taper in an outpatient setting. Tapering should be individualized to reach patient. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore Soma is not medically necessary.

Zolpidem Tab10mg #30 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Aides, Mild Tranquilizers

Decision rationale: Zolpidem 10 mg at bedtime # 30 with 1 refill is not medically necessary. The Official Disability Guidelines states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien 10mg is not medically necessary.

Hydrocodone/APAP TAB 10/325mg #240 1 refill: Upheld

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): 79.

Decision rationale: Hydrocodone/APAP TAB 10/325mg #240 with 1 refill is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The claimant was designated permanent and stationary; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.