MAXIMUS Federal Services

Case Number:	CM14-0109223		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2002
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 & 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 is a 59-year-old male with a 3/15/02 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/23/14, the patient complained of moderate to severe neck and back pain. His symptoms improve with medications and rest. Objective findings: restricted range of motion of lumbar spine. Diagnostic impression: status post previous laminectomy and discectomy, severe disc collapse, facet disease, and moderate recurrent disc herniation, L4-5 disc bulge with bilateral foraminal narrowing, neuritis, left S1 nerve root, C3-C6 disc bulges with stenosis. Treatment to date: medication management, activity modification, and surgery.A UR decision dated 6/27/14 denied the requests for Lyrica, Carisoprodol, Zolpidem, and modified the request for Hydrocodone/APAP 10/325mg #240 with 1 refill to allow 1 fill of 240 tablets for weaning purposes. Regarding Lyrica, there is no documentation noting evidence of neuropathy for this patient. Regarding Carisoprodol, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Regarding Zolpidem, there is no evidence of a diagnosis of insomnia, there is no indication that standard sleep hygiene techniques have been tried and failed. Regarding Hydrocodone/APAP 10/325mg, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Cap 100mg Day Supply #30 QTY 90: Overturned

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 Page(s): 20.

Decision rationale: MTUS states that Lyrica 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the reports provided for review, it is documented that the patient has a diagnosis of neuritis. Guidelines support the use of Lyrica as a first-line agent for neuropathy. Therefore, the request for Lyrica Cap 100mg Day Supply #30 QTY 90 is medically necessary.

Carisoprodol Tab 350 mg, Day Supply: 30, QTY: 120, Refills:1: 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 Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, according to the records reviewed, this patient has been on Carisoprodol since at least 4/24/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, the patient is also taking hydrocodone, guidelines do not support the concurrent use of Carisoprodol and opioid medications. Therefore, the request for Carisoprodol Tab 350 mg, Day Supply: 30, QTY: 120, Refills:1 is not medically necessary.

Zolpidem Tab 10mg, Day Supply: 30, QTY: 30, Refills: 1: Upheld

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

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, Ambien X Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, according to the reports provided for review, this patient has been taking Ambien since at least 4/24/14, if not earlier. Guidelines do not support the long term use of Ambien. In addition, there is no documentation that the patient suffers from insomnia or any other sleep disturbance. Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Zolpidem Tab 10mg, Day Supply: 30, QTY: 30, Refills: 1 is not medically necessary.

Hydroco/APAP Tab 10/325mg, Quantity: 240, Days Supply: 30, Refills: 1: 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 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Hydroco/APAP Tab 10/325mg, Quantity: 240, Days Supply: 30, Refills: 1 is not medically necessary.