

<b>Case Number:</b>	CM14-0012864		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 patient is a 43-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of May 18, 2007. Review of progress notes indicates increasing low back with bilateral leg pain. Findings include tenderness over the lumbar region with spasms, stiff and guarded range of motion, positive straight leg raise test bilaterally, and mildly antalgic gait. Treatment to date has included opioids, muscle relaxants, sedatives, Gabapentin, topical analgesics, antidepressants, physical therapy, lumbar epidural steroid injections, TENS, and lumbar spinal surgery. Patient is a candidate for spinal cord stimulator placement. Utilization review from December 31, 2013 provided modified certification for Ambien 10mg #15 as there was no discussion of sleep disturbance, and weaning was initiated; Percocet 10/325mg #120 as the patient is to take 4 tablets per day; and Soma 350mg #60 as chronic use is not recommended, and weaning was initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG TABLET (1) TABLET EVERY NIGHT PRN(AS NEEDED) FOR 30 DAYS, DISPENSE 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**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 (zolpidem tartrate).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. They may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since at least May 2013. In this case, the recent progress notes do not indicate sleep issues. Also, this medication is not recommended for chronic use. Therefore, the request for Ambien 10mg #30 was not medically necessary.

**OPANA ER 5 MG TABLET, EXTENDED RELEASE 1-2 TABLETS EVERY 12 HOURS PRN(AS NEEDED) FOR 30 DAYS, DISPENSE 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since May 2013. Progress notes indicate that the patient has increasing pain symptoms, and medications have been taking the edge off the pain. Continuing this medication is reasonable at this time to control the pain symptoms as the patient is awaiting spinal cord stimulator placement. Previous utilization review determination, dated December 31, 2013, has already certified this request. Therefore, the request for Opana ER 5mg #120 is not medically necessary.

**PERCOCET 10/325MG TABLET 1 TABLET EVERY 4-6 HOURS PRN(AS NEEDED) FOR 30 DAYS, DISPENSE 150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least May 2013. Reports indicate that the patient is taking 5 tablets per day in addition to the baseline Opana. An agreement was reached to cut

down the Percocet down to 4 tablets per day. The requested quantity exceeds the dosing schedule of 4 tablets a day. Therefore, the request for Percocet 10/325mg #150 was not medically necessary.

**SOMA 350 MG TABLET 1 TABLET TID(THREE TIMES A DAY)PRN(AS NEEDED)  
FOR 30 DAYS, DISPENSE 90:** 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) ; Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29, 65.

**Decision rationale:** Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since May 2013. In this case, although there is documentation of muscle spasms, this medication is not recommended for long-term use. Therefore, the request for Soma 350mg #90 was not medically necessary.