

Case Number:	CM14-0018318		
Date Assigned:	04/18/2014	Date of Injury:	01/16/2000
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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] employee who has filed a claim for chronic neck pain, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of January 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long and short-acting opioids; muscle relaxants; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; and earlier lumbar spine surgery. In a Utilization Review Report dated January 30, 2014, the claims administrator denied requests for Soma, oxycodone, and Ambien. In a medical-legal supplement report dated November 7, 2013, the medical legal evaluator stated that he disagreed with the utilization reviewer's attempts to try and dictate how or if the applicant's medications should be provided, weaned, or discontinued. The medical-legal reviewer stated that the applicant had responded favorably to earlier utilization review denials. The medical-legal evaluator stated that he had evaluated the applicant on several occasions in 2012 and felt that the applicant was benefitting from opioid therapy. A January 21, 2014 progress note was notable for comments that the applicant reported moderate severity pain about the neck, back, leg, and arms, stabbing and shooting, exacerbated by various activities, including bending, descending staircases, pushing, pulling, etc. The applicant was on oxycodone, MS Contin, Percocet, Lyrica, zolpidem, Lexapro, and Soma, it was suggested. The applicant did have concomitant symptoms of anxiety and depression, it was acknowledged. The applicant's BMI was 26. The attending provider stated that the applicant's pain score with medication was 6/10 and 10/10 without medications. The applicant stated that she was able to do simple chores around the home and minimal activities outside of the home approximately two days a week. It was stated that the applicant stayed in bed all day and felt hopeless and helpless about life without the medications in question. The attending provider seemingly suggested that the

applicant was using Ambien on a nightly basis to initiate sleep. A February 19, 2014 progress note was notable for comments that the applicant was using Ambien, Felonies, Lexapro, Lyrica, MS Contin, Percocet, and Soma as of that point in time. The applicant's pain levels were 10/10 without medications and 5/10 with medications. The applicant again stated that she was able to do simple chores around the house and minimal activities outside of the house twice weekly. It was further stated that the applicant's usage of medications was ameliorating her level of function to the extent that she is able to cook, prepare meals, and sleep with less interruption.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR SOMA 350MG, TAB 1-2 QHS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome..

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

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 a variety of long and short-acting opioids, including MS Contin and Percocet. Adding carisoprodol or Soma to the mix, particularly for long-term use purposes, is not recommended. Therefore, the request is not medically necessary.

PRESCRIPTION FOR AMBIEN 5MG, TAB 1-2 QHS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Guidelines, Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Zolpidem topic, zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically in the order of two to six weeks. It is not indicated for the chronic, long-term, and nightly use for which it is being proposed here. In this case, the attending provider has seemingly posited that the applicant needs to use Ambien on a nightly basis to initiate sleep, on a long-term basis. This is not an approved indication for Ambien. Therefore, the request is not medically necessary.

PRESCRIPTION FOR OXYCODONE 30MG TAB 1 EVERY 4-5 HRS PRN #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 attending provider has seemingly posited that these criteria have been met as a result of ongoing opioid therapy. The applicant's pain levels have dropped from 10/10 to 5/10, reportedly as a result of ongoing opioid therapy. The applicant's ability to perform household chores, including cooking, cleaning, meal preparation, etc. have reportedly been ameliorated as a result of ongoing opioid therapy, although it is acknowledged that the applicant has not returned to work. Nevertheless, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request is medically necessary.