

Case Number:	CM14-0117930		
Date Assigned:	08/06/2014	Date of Injury:	02/04/2002
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 37-year-old male who reported an injury on 02/04/2002. The mechanism of injury was not provided. On 06/25/2014, the injured worker presented with persistent low back and right lower extremity pain. Upon examination, there was normal sensory and power testing to the bilateral upper and lower extremities except mild numbness in the bilateral L5. There was a slightly antalgic gait and a positive lumbar tenderness and spasm. There is decreased range of motion by about 30% of normal. An x-ray of the lumbar spine performed on 06/25/2014 revealed a solid L5-S1 fusion. The diagnoses were acute lumbar spine strains, status post L5-S1 fusion, multilevel disc bulge at L2 to L5, and possible incisional hernia. Current medications included Norco, Ambien, Soma, Xanax, and naproxen. The provider recommended a urine drug screen, Norco, Ambien, Soma, and Xanax. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, Norco 10/325mg #90 is not medically necessary.

Ambien 10mg #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 (Chronic)

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

Decision rationale: The Official Disability Guidelines state Ambien is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long term use. They can be habit forming and 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. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. There was lack of signs and symptoms or a diagnosis of insomnia to warrant the use of Ambien. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request for Ambien 10 mg with a quantity of 30 as a continuing medication exceeds the guideline recommendation of short term use. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, Ambien 10mg #30 is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Heal System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009),pg 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for 1 urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids or for ongoing management and as a screening for risk of misuse and addiction. The documentation did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, 1 urine drug screen is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: The request for Soma 350 mg with a quantity of 90 is not medically necessary. The California MTUS does not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. 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. As the guidelines do not recommend Soma, the medication will not be indicated. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, Soma 350mg #90 is not medically necessary.

Xanax 0.5mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 0.5 mg with a quantity of 100 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is not proven, and there is risk of dependence. Most guidelines limit the use for 4 weeks. The injured worker has been prescribed Xanax previously, and the provider's request for Xanax 0.5 mg with a quantity of 100 exceeds the guideline recommendation of short term therapy. There is lack of efficacy of the medication documented to support continued use, and the frequency was not provided in the request as submitted. As such, Xanax 0.5mg #100 is not medically necessary.