

Case Number:	CM14-0144186		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2003
Decision Date:	11/05/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 55-year-old female with a reported date of injury on 12/31/2003. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses were noted to include cervical radiculopathy, muscle spasm, failed back syndrome with a cervical fusion, and sleep apnea. Her previous treatments were noted to include surgery, medications, aquatic therapy, and acupuncture. Progress note dated 07/03/2014 revealed complaints of neck pain. The injured worker indicated she had chronic neck pain as well as discomfort in her throat due to multiple surgeries and difficulty swallowing. The physical examination revealed a hoarse/raspy voice and tenderness and stiffness to the cervical spine that was guarded with movement. There were palpable twitch positive trigger points in the muscles of the head and neck. There was decreased range of motion of the cervical spine. Motor strength and sensation was intact. The provider indicated the injured worker was stable on her medication regimen. There was no evidence of abuse, diversion, hoarding, or impairment. The provider indicated the injured worker displayed no aberrant behavior and had a narcotics agreement on file. The progress note dated 07/31/2014 revealed complaints of neck pain. The injured worker complained of intermittent bilateral upper extremity pain with a weakness and deficit with a fine motor use as well as numbness to her fingers. Her medication regimen was noted to include Ambien 10 mg 1 every night as needed, Norco 10/325 mg 1 6 times a day as needed, Soma 350 mg 1 4 times a day as needed, and Valium 10 mg 1 every night as needed. The physical examination revealed bilateral paraspinous tenderness and stiffness. There were palpable twitch positive trigger points noted in the muscles of the head and neck specifically. There was decreased range of motion of the cervical spine. The provider indicated the injured worker had at least a 50% reduction in pain with the prescribed combination of opiate and adjunctive medicines. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg 180 counts,

for breakthrough pain, Soma/Carisoprodol 350 mg 120 counts for muscle spasms, Valium 10 mg 60 count for muscle relaxant, and Ambien 10 mg 30 count, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78..

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opiate medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The documentation provided indicated the injured worker received 50% pain relief with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. The documentation provided indicated there were no side effects and no aberrant behavior, however there is a lack of documentation regarding the injured worker performing a previous urine drug screen and whether it was consistent with therapy. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Norco 10/325 mg # 180 is not medically necessary and appropriate.

Soma/Carisoprodol 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63.

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The guidelines do not recommend Soma as the medication is not indicated for long term use. Carisoprodol is a commonly prescribed muscle relaxant. The main concern with Carisoprodol is the abuse potential as it has been noted to augment or alter the effects of other drugs. The guidelines recommend short term utilization of Soma and the injured worker has been on this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Soma/Carisoprodol 350 mg #120 is not medically necessary and appropriate.

Valium 10 mg, #60: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk for psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request of Valium 10 mg, #60 is not medically necessary and appropriate.

Ambien 10 mg, #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 (ODG), Pain Chapter

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The Official Disability Guidelines state Zolpidem is a prescription short acting non-benzodiazepine 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 is often hard to obtain. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists 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 they may increase pain and depression over the long term. There is a lack of documentation regarding quality and sleep duration with the utilization of this medication. The guidelines recommend short term utilization, usually for 2 to 6 weeks, and the injured worker has been utilizing this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Ambien 10 mg, #30 is not medically necessary and appropriate.