

<b>Case Number:</b>	CM14-0144396		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

The patient is a 46 year old male with date of injury 03/20/08. The treating physician report dated 07/29/14 indicates that the patient presents with pain affecting his back. The physical examination findings reveal that there is tenderness to palpation over the cervical and lumbar spine, range of motion of the cervical and lumbar spine is normal with pain and spasm, straight leg raising test is positive with radiation of pain into the bilateral feet, and positive cervical compression test. The current diagnoses are: 1. Musculoligamentous sprain, cervical spine 2. Musculoligamentous sprain, thoracic spine 3. Musculoligamentous sprain, lumbar spine 4. Disc bulge, lumbar spine 5. Disc desiccation, lumbar spine 6. Insomnia The utilization review report dated 08/12/14 denied the request for Tylenol #4, Soma and Ambien based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 300-600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Pain Chapter

**Decision rationale:** The patient presents with severe back pain. The current request is for Tylenol 300-600mg #60. In reviewing the treating physician report dated 7/29/14 the physician states, "Requesting authorization for medication refills of Tylenol No. 4 300-600mg #60 on p.o.q. 6-8h prn for symptomatic pain relief, Soma 350mg #60, one p.o. qhs for muscle spasms, and Ambien 10mg #30 one p.o qhs for sleep." There is no documentation of how long the patient has been prescribed this medication and only one medical report is submitted for review. The MTUS guidelines support the usage of Tylenol with Codeine for the treatment of chronic pain. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, recommendation for further use of Tylenol No. 4 cannot be supported as the treating physician does not provide before and after scales to show analgesia; no specific ADLs are discussed and no change of work status or return to work to show significant functional improvement is documented. There is no discussion of adverse side effects and aberrant behaviors are not addressed. Urine toxicology and CURES reports are not provided as well. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary

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

**Decision rationale:** The patient presents with severe back pain. The current request is for Soma 350mg #60. The MTUS guidelines state, "Not recommended. This medication is not indicated for long-term use." In this case the treating physician is requesting a refill of a medication that is only recommended for 2-3 weeks usage. MTUS does not recommend long term usage and the treating physician has failed to document that the current prescription is for an acute flare-up that requires a short term usage of Soma. The request 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 (ODG) Pain Procedure Summary

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

**Decision rationale:** The patient presents with severe back pain. The current request is for Ambien 10mg #30. The ODG guidelines state, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia." In this case the treating physician has documented that the patient reports discomfort while sleeping in certain positions and there is no mention of insomnia or a diagnosis of insomnia. The current request is for a refill of a medication that is only recommended for 7-10 days. The current request is not supported by the ODG guidelines. The request is not medically necessary.