

Case Number:	CM14-0155363		
Date Assigned:	09/25/2014	Date of Injury:	03/13/2003
Decision Date:	11/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Interventional Spine 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 39-year-old female with a date of injury of 03/13/2003. The listed diagnoses are cervical sprain/strain, radiculopathy; sprain/strain, bilateral wrist, carpal tunnel syndrome, right wrist; and lumbar sprain/strain, lower extremity radicular pain, loss of lordosis, moderate facet arthropathy. According to progress report 05/06/2014, the patient presents with neck pain with numbness, tingling, and mild radiation of pain through the hands. She also complains of occasional headaches. The patient also has increased pain in the low back with radiation down the back of both lower extremities to the feet. Examination of the lumbar spine revealed markedly positive facet loading signs. Flexion is 20 degrees. Strength of the lower extremity is 5-/5 bilaterally. The treating physician states that the patient is taking Tylenol No. 3 two to three tablets per day, Ambien occasionally for sleep, and Soma. The treating physician is requesting a refill of medications. Utilization Review denied the request on 08/28/2014. Treatment reports from 05/08/2014 through 08/19/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP / Codeine 300/30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89 76-78.

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting APAP/Codeine 300/30 mg #60 and directed to take 1 pill every 12 hours for pain. The 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 4 A's (analgesia, activities of daily livings (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. The medical records do not indicate when this patient was first prescribed this medication. Report 5/6/14 states that the patient is taking Tylenol No. # 3 2-3 tablets per day and recommendation was for refill #60. In this case, recommendation for further use of this medication cannot be supported as the treating physician does not discuss specific functional improvement or changes in ADLs as required by MTUS for continued opiate use. The treating physician does not provide discussions regarding possible adverse side effects and does not include urine drug screens for monitoring medications. There are no pain assessment or outcome measures either. Given the lack of sufficient documentation for opiate management, this request is not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting Soma 350 mg #60 and instructed to take 1 pill every 12 hours for associated spasms. The MTUS Guidelines page 64 has the following regarding muscle relaxants, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patients with chronic low back pain (LBP)." In this case, the treating physician has prescribed this medication since at least 4/8/14. MTUS does not support long term use of muscle relaxants. Therefore, this request is not medically necessary.

Zolpidem 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)

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, Insomnia Treatment

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting Zolpidem 10 mg #30, "1 pill at night for sleep. The MTUS and ACOEM Guidelines do not address Ambien. The Official Disability Guidelines (ODG) under its pain chapter states that "Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Progress report 05/06/2014, indicates the patient occasionally takes Ambien for sleep. The treating physician has requested a refill of Ambien 10 mg #30. In this case, ODG Guidelines do not recommend long-term use of this medication. Therefore, this request is not medically necessary.