

Case Number:	CM14-0164778		
Date Assigned:	10/09/2014	Date of Injury:	06/27/2003
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 51 year old female with a date of injury on 6/27/2003. Diagnoses include cervical degenerative joint disease, lumbar sprain, herniated disc, bilateral shoulder impingement, bilateral carpal tunnel syndrome, and obesity. Subjective complaints are of low back pain with radiation to the left leg. Physical exam showed lumbar tenderness with muscle spasm, and decreased range of motion. There was a positive Kemp's test and positive left straight leg raise test. Medications include Prilosec, Norco, Ambien, Fioricet, Xanax, Soma, Zoloft, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be

needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, for this patient, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of Norco is not established at this time. 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 12th Edition (web) 2014 Pain Chapter Zolpidem (Ambien)

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

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Submitted documentation indicates the patient has been using this medication chronically. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not medically necessary.

Fiorinal #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESICS Page(s): 23.

Decision rationale: CA MTUS does not recommend barbiturate containing compounds for chronic pain. There is potential for dependence and the barbiturate component of the medications does not have evidence of enhanced analgesic efficacy. For headache therapy there is a substantial risk of rebound symptoms with ongoing use. This patient is utilizing Fiorinal for her headaches. Since guidelines do not recommend Fiorinal for chronic pain, and can contribute to a sustained rebound headache cycle, the medical necessity of Fiorinal is not established. Therefore the request is not medically necessary.

Soma 350mg #120: Upheld

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

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

Decision rationale: CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. 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. This patient has used Carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the use of Carisoprodol is not medically necessary.