

Case Number:	CM14-0179638		
Date Assigned:	11/04/2014	Date of Injury:	10/11/1989
Decision Date:	12/10/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 55-year-old male who has submitted a claim for lumbar radiculopathy and lumbar fusion from L2 to S1 associated with an industrial injury date of 10/11/1989. Medical records from 2014 were reviewed. The patient complained of persistent low back pain rated 7/10 in severity, associated with muscle spasm. Pain has worsened because of tapering of Norco and Soma. Patient was advised to continue home exercises. Physical exam of the lumbar spine showed restricted motion, tenderness, and muscle spasm. Reflexes of bilateral lower extremities were decreased. Patient ambulated using a single-point cane. Urine drug screens from 7/21/2014 and 5/24/2014 showed inconsistent results with prescription medications. Treatment to date has included lumbar fusion from L2 to S1 on 7/30/2013, bracing, use of a TENS unit, physical therapy, and medications such as MS Contin, Norco, Ambien, Soma, Sentra AM, Sentra PM, Theramine, and Ketoprofen cream (since at least July 2014). A utilization review from 10/22/2014 modified the request for MS Contin ER 30 mg, #90 into 30 mg, #60; modified the request for Norco 10/500 mg, #120 into #60; modified the request for Ambien 10 mg, #30 plus two refills into Ambien 10 mg #30 without refills; and modified the request for Soma 350 mg, #60 into #20. Reasons for modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 30mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on MS Contin since at least July 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, urine drug screens from 7/21/2014 and 5/24/2014 showed inconsistent results with prescription medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MS Contin ER 30mg #90 is not medically necessary.

Norco 10/500mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since at least July 2014. The patient is currently on tapering off from Norco. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, urine drug screens from 7/21/2014 and 5/24/2014 showed inconsistent results with prescription medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/500mg #120 is not medically necessary.

Ambien 10mg #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Zolpidem

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since at least July 2014. He has exceeded the guideline recommendation for the use of Ambien. There is likewise no sleep improvement from medication use. Furthermore, there is no discussion concerning sleep hygiene. Therefore, the request for Ambien 10mg #30 with two refills is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient has been on Carisoprodol since at least July 2014. The patient is currently on tapering off from Soma. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent examination still showed evidence of muscle spasm, long-term use of muscle relaxant is not guideline recommended. Therefore, the request for Soma 350mg #60 is not medically necessary.