

Case Number:	CM14-0034475		
Date Assigned:	03/21/2014	Date of Injury:	05/15/2006
Decision Date:	05/20/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, psychological stress, knee pain, low back pain, hypertension, and anxiety reportedly associated with an industrial injury of May 15, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of February 26, 2014, the claims administrator partially certified Norco as a one-month supply of the same, to afford the applicant and attending provider with an ability to either document with Norco or wean the applicant off of the same, denied Ambien outright, denied Soma outright, approved pain management consultation, and modified a psychological/psychiatric evaluation only. In its report, it is incidentally noted that the claims administrator cited the misnumbered, now relabeled MTUS 9792.20e. The applicant's attorney subsequently appealed. A January 30, 2014 progress note was notable for comments that the applicant reported persistent pain. He is using Norco and Ambien among other things, it is stated. The applicant's diagnosis included lumbar radiculitis, insomnia, depression, panic attacks, and stress. It was stated that the applicant's urine drug screen was consistent with prescribed medications. Norco, Ambien, Soma, a psychiatric/psychological evaluation and treatment, and a pain management consultation were sought. The progress note was quite sparse. The applicant's disability status was reportedly unchanged. An earlier medical-legal evaluation of December 4, 2013 is notable for comments that the applicant has a Global Assessment of Functioning (GAF) of 57 owing to major depressive disorder, pain disorder with psychological features and unspecified anxiety disorder. In an earlier note of December 18, 2013, the applicant was described as permanent and stationary with ongoing issues of low back pain,

stress, and panic attacks. The applicant was asked to continue Norco four times daily and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids; and 9792.20 Medical Treatment Utiliza.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Ongoing Management Topic AND When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The attending provider has not documented the presence of appropriate analgesia with ongoing Norco. The applicant is off of work. There is no evidence of improved functioning achieved as a result of ongoing Norco usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against usage of opioids in applicants with concurrent psychological/psychiatric issues as underlying depression, anxiety, and/or irritability calls in the question the need for opioid usage. For all of the stated reasons, then, the request for Norco is not medically necessary.

AMBIEN: 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), Zolpidem topic, Insomnia

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

Decision rationale: The MTUS does not address the topic of Ambien usage. As noted in the ODG Chronic Pain Chapter, Zolpidem or Ambien is not recommended for chronic or long-term use purposes. In this case, it is further noted that the applicant is continuing to report the ongoing issues with depression, anxiety, and insomnia despite ongoing Ambien usage. Accordingly, the request is not medically necessary, for all of the stated reasons.

SOMA: 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 Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is using Norco, an opioid, concurrently. It is further noted that the applicant has failed to achieve any lasting benefit or functional improvement through ongoing usage of Soma as defined by the parameters established in MTUS 9792.20f. The applicant's work status and work restrictions are unchanged from visit to visit. The applicant remains highly reliant on various medications and medical treatments, including psychological treatment. For all of the stated reasons, then the request for Soma is not medically necessary.

PSYCHOLOGICAL EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 388.

Decision rationale: As noted on page 388 of the MTUS-adopted ACOEM Guidelines in Chapter 15, if symptoms become disabling despite primary care interventions are pursued beyond three months, referral to a mental health professional is indicated. In this case, the applicant is off of work, either as a result of medical issues, mental health issues, or some combination of the two. The applicant has ongoing issues with psychological stress resulting in a Global Assessment of Functioning of 57. Referral to (AKA evaluation and treatment) with a mental health professional is indicated. Therefore, the original utilization review decision is overturned. The request is medically necessary, on Independent Medical Review.