

Case Number:	CM14-0045318		
Date Assigned:	06/27/2014	Date of Injury:	12/17/2002
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/01/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 17, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; earlier lumbar fusion surgery; opioid therapy; and muscle relaxants. In a March 31, 2014 progress notes, the claims administrator denied a request for Neurontin, approved a request for Prilosec, and denied a request for Soma, denied a request for Ambien, approved a request for Norco, and denied a request for Flexeril. The applicant's attorney subsequently appealed. In an appeal letter dated May 8, 2014, the applicant's treating provider stated that he was deriving benefit from his regimen of Norco, Flexeril, and Neurontin. The attending provider stated in one section of the report that the applicant was using Norco five times daily. On February 13, 2014, the applicant was described as having persistent, constant, and dull aching low back pain, unchanged. The applicant exhibited an antalgic gait. The applicant was apparently using a cane. Flexeril was discontinued while the applicant was given refills of Norco, Ambien, Neurontin, and Prilosec. There was no discussion of medication efficacy, although it was stated that the applicant had no side effects. In an earlier note of January 16, 2014, it was again stated that the applicant's combination of Norco, Neurontin, Flexeril, Ambien, and Prilosec was ameliorating the applicant's pain, which was nevertheless heightened with activities including standing, walking, bending, and twisting. The applicant was still using a cane, it was stated. The attending provider again stated that there was no side effects present here, but again did not incorporate any discussion of medication efficacy into the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA TABLETS 350 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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, Soma or carisoprodol is not indicated for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

FLEXERIL TABLETS 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications, including Norco, Soma, Ambien, Neurontin, etc. It is further noted that the attending provider apparently later chose to discontinue Flexeril, noting that the applicant was complaining of sedation with the same. For all of the stated reasons, then, the request for Flexeril is not medically necessary.

Neurontin 300mg capsules #100: 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 Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Neurontin or gabapentin should be asked at (each visit) as to whether there have been improvements in pain and function achieved as a result of the same. In this case, however, there have been no clear improvements in function achieved as a result of ongoing Neurontin usage. As with the other medications, the attending provider has not outlined what improvements in function have been achieved through ongoing medication usage, including

ongoing Neurontin usage. It does not appear that the applicant has returned to work. The applicant appears to have difficulty performing even basic activities of daily living, including walking, standing, lifting, bending, pushing, pulling, etc., it has been suggested. Therefore, the request for Neurontin is not medically necessary.

Zolpidem 5mg tablets #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), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to supports said usage. In this case, however, the Food and Drug Administration (FDA) notes that zolpidem or Ambien is indicated for short-term treatment of insomnia, for up to 35 days. Zolpidem is not indicated in the chronic, long-term, and/or scheduled purpose for which is seemingly being proposed here. The attending provider has not furnished any compelling medical evidence which would support provision of zolpidem or Ambien for non-FDA labeled purposes nor has the attending provider incorporated any discussion of medication efficacy into his decision to continue usage of Ambien or zolpidem. Therefore, the request is not medically necessary.