

Case Number:	CM14-0047432		
Date Assigned:	07/02/2014	Date of Injury:	03/27/1998
Decision Date:	08/15/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/15/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a 55-year-old female who sustained a remote industrial injury on 03/27/98 diagnosed with lumbar degenerative disc disorder, lumbar radiculopathy, and lumbar facet syndrome. Mechanism of injury occurred when the patient was getting out of a taxi for a work conference and fell, injuring her back and leg. The most recent progress note provided is 06/12/14. Patient complains primarily of increased lower back pain, poor sleep quality, decreased activity level, and significant depression. Physical exam findings reveal an antalgic gait; tenderness of the thoracic paravertebral muscles; limited range of motion of the lumbar spine; tenderness to palpation and spasm noted in the lumbar paravertebral muscles; positive lumbar facet loading bilaterally; tenderness over the trochanter of the left hip; mild discomfort with hip range of motion; motor strength of ankle dorsi flexor is 4/5 bilaterally, knee extensor is 4/5 bilaterally, knee flexor is 4/5 bilaterally, and hip flexor is 4/5 bilaterally; light touch sensation is decreased to the left medial and lateral thigh; and straight leg raising test is positive bilaterally. Current medications include: Senokot 187 mg two pills as needed, Colace 100 mg twice a day, Celebrex 200 mg once a day, Lexapro 20 mg once a day, Ambien 10 mg one pill at bedtime as needed, Soma 350 mg twice a day as needed, Vicodin 5/300 mg three times a day as needed, and Voltaren 50 mg once a day. It is noted that with Soma and Vicodin, the patient's pain reduces from a 9/10 to a 7/10 and she is able to perform more activities of daily living, like showering, cooking, and doing laundry, with less pain. It is also noted that Ambien provides 6 hours total of sleep at night. The treating physician highlights that the patient has a history of overtaking Vicodin and Soma to commit suicide. Documentation highlights that the provider responded to this aberrant and dangerous behavior by counseling the patient to only take medications as directed. Provided documents include several previous progress reports, a urine drug screening report, a procedure report, previous Utilization Reviews, work status reports, and psychological

pain management progress reports. One progress note, dated 10/09/13, highlights the patient had inconsistent confirmatory urine drug screening findings, which resulted in the physician decreasing the quantity of Soma pills prescribed. Several other progress reports that reference urine drug screens reveal inconsistent results and the treating physician notes that the failure to follow the rules for the prescribed medication will result in discontinuation. Such discontinuation is not reported. The patient's previous treatments include multiple orthopedic surgeries, multiple injections/blocks, TENS unit, H-wave, physical therapy, acupuncture, chiropractic treatment, and medications. Imaging studies provided include an MRI of the lumbar spine, performed on 12/11/10. The impression of this MRI reveals degenerative painful disc disease on discography at L4-5 and L5-S1. Previous MRI's of the lumbar spine, an MRI of the thoracic spine, and a CT of the lumbosacral spine are also provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Vicodin 5/500 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to California MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician highlights that the patient has a history of overtaking Vicodin to commit suicide. However, documentation highlights that the provider responded to this aberrant and dangerous behavior by merely counseling the patient to only take medications as directed. There is also documentation of several urine drug screens that reveal inconsistent results with the patient's prescribed therapy, and no ensuing conversations regarding these results are documented. Further, the frequency of the dosing is not specified. As it is clear that the patient has demonstrated aberrant and dangerous behavior that would be in violation of a pain contract, the ongoing use of chronic opioids is not supported by MTUS guidelines. Therefore the request of 90 Vicodin 5/500 mg is not recommended.

60 Colace 100 mg with 3 Refills: 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, criteria for use Page(s): 76-80.

Decision rationale: According to California MTUS guidelines on the criteria for the use of opioids, Prophylactic treatment of constipation should be initiated. Colace is a stool softener used to make bowel movements softer and easier to pass and to treat or prevent constipation. As

the continued use of opioids is not supported by guidelines, medical necessity of prophylactic treatment is also not supported. Further, the frequency of the dosing is not specified. As such, the request for 60 Colace 100 mg with 3 Refills is not medically necessary.

30 Ambien 10 mg: 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) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: According to ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case with the patient's date of injury in 1998 and the recorded long-term use, the use of Zolpidem does not fall under the approved short-term treatment. Further, the extended use of Zolpidem can result in functional impairment and increases in pain levels and depression, which would be counterproductive in the current clinical setting with the patient's history of severe depression. Lastly, the frequency of the dosing is not specified. For these reasons, medical necessity is not supported.

45 Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Chronic Pain Medical Treatment Guidelines (May 2009) , Weaning: Carisoprodol.

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

Decision rationale: In regards to Soma, California MTUS cites, Not recommended. This medication is not indicated for long-term use...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. Rather, Soma is only supported for short-term use up to two weeks. In this case with the patient's early date of injury in 1998, recorded long-term use, and attempted overdose with this medication, the use of this medication is not supported by guidelines. Further, the frequency of the dosing is not specified. For these reasons, medical necessity is not supported.

90 Vicodin 5/300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to California MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician highlights that the patient has a history of overtaking Vicodin to commit suicide. However, documentation highlights that the provider responded to this aberrant and dangerous behavior by merely counseling the patient to only take medications as directed. There is also documentation of several urine drug screens that reveal inconsistent results with the patient's prescribed therapy, and no ensuing conversations regarding these results are documented. Further, the frequency of the dosing is not specified. As it is clear that the patient has demonstrated aberrant and dangerous behavior that would be in violation of a pain contract, the ongoing use of chronic opioids is not supported by MTUS guidelines. Therefore the request of 90 Vicodin 5/300 mg is not recommended.