

<b>Case Number:</b>	CM14-0050175		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/01/2004
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Texas. 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 injured worker is a 50 year old female who had a work related injury on 02/01/04. The mechanism of injury was not documented. The injured worker is being seen for chronic low back pain and leg symptoms. The office note dated 05/23/14 the injured worker presented with low back pain radiating from the low back down to both legs. Her pain with medications is 5 on a scale of 1-10. The injured worker rates her pain without medications as a 10 on a scale of 0-10. She does not report any change of location to pain. No new problems or side effects. The quality of sleep is fair. She denies any new injury since her last visit. Current medications Flexeril 5mg, Soma 350mg, Senokot, Lidoderm patch, Percocet 10/325mg tablets, Neurontin 800mg, Ambien CR 12.5mg, Metformin 500mg, Prednisone 50mg tablets, Lisinopril 10mg tablets, Advair 500/50 Diskus mcg per dose, Ambien 10mg tablets, Glipizide 10mg tablets, Maxzide 75mg tablets, Singulair 10mg tablets and a Ventolin inhaler. Magnetic resonance imaging on 09/14/09 of the lumbar spine revealed a central disc protrusion at the L4-5 level which combines with facet joint hypertrophy and ligamentum flavum hypertrophy to cause mild to moderate bilateral neuroforaminal narrowing and moderate narrowing of the central canal. Right paracentral right lateral disc protrusion at L5-S1 level combines with a broad based disc bulge and facet joint hypertrophy to cause bilateral neuroforaminal narrowing and mild to moderate narrowing of the central canal. The injured worker has had transforaminal epidural steroid injections bilaterally at L5-S1 with good temporary relief of symptoms. She has also undergone physical therapy. Physical examination weight is 256 lbs and height is 5'5. Body mass index is 42.60. She appears in moderate pain. She has an antalgic gait, has slowed gait and does not use assistive devices. Lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion limited to 30 degrees. Extension limited to 5 degrees limited by pain. Right lateral bending limited to 5 degrees and left lateral bending limited to 70 degrees. On

palpation, the paravertebral muscles revealed spasm and tenderness on both sides. Lumbar facet loading is negative on both sides. Straight leg raise test is positive on both sides extending at 50 degrees. Ankle jerk is 0/4 on both sides. Patellar jerk is 1/4 on both sides. Motor examination strength of the ankle dorsa flexor is 5-/5 on the right and 4/5 on the left. Ankle plantar flexors are 5-/5 on the right and 4/5 on the left. Knee extensors are 5-/5 on both sides. Knee flexors are 5-/5 on both sides. Sensory examination light touch sensation is decreased over the lateral foot, lateral calf, and lateral thigh on the left side. Pin prick is decreased over lateral foot, medial foot, and medial calf and lateral calf on the right side. Hyperesthesia is present over lateral calf on the right side. Diagnosis is disc disorder lumbar. Lumbar radiculopathy. Prior utilization review on 03/13/14 Ambien was non-certified. Soma was modified to 18. Percocet was modified to 24. Neurontin was modified to 67. Current request is for 30 Ambien CR 12.5mg., 30 Soma 350mg., 51 Percocet 10/325mg. and 120 Neurontin 800mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Thirty ambien CR 12.5mg.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Chronic Pain: Insomnia Treatment for 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, Ambien® (zolpidem tartrate).

**Decision rationale:** The request for 30 Ambien CR 12.5mg is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Quality of sleep is fair. She has been on the medication longer than 6 weeks. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Therefore medical necessity has not been established.

#### **Thirty Soma 350mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): page(s) 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxants.

**Decision rationale:** The request for 30 Soma 350 mg is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There is no documentation of a recent event or acute exacerbation of her pain. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort

associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Therefore, medical necessity has not been established.

**Fifty-one Percocet 10/325mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,opioids.

**Decision rationale:** The request 51 Percocet 10/325mg is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. No documentation of functional improvement or decrease in pain levels. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Onehundredtwenty Neurontin 800mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Management Guidelines: Weaning or Changing Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Gabapentin (Neurontin®).

**Decision rationale:** The request 51 Percocet 10/325mg is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. No documentation of functional improvement or decrease in pain levels. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.