

<b>Case Number:</b>	CM14-0058972		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 low back pain and major depressive disorder reportedly associated with an industrial injury of March 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aid; earlier lumbar laminectomy surgery; subsequent lumbar fusion surgery; and long and short-acting opioids. In a March 28, 2014 Utilization Review Report, the claims administrator denied request for Ambien, MS Contin, and Robaxin. The applicant's attorney subsequently appealed. In a physical therapy progress note of November 11, 2013, it was noted that the applicant was a former train operator with comorbidities including COPD who had not worked since the date of injury. The applicant had also had a neurostimulator implanted, it was noted. On November 13, 2013, the applicant reported persistent complaints of chronic low back pain, at times severe. The applicant was using MS Contin, Robaxin, and Ambien, it was stated. The applicant stated that physical therapy had been beneficial. Multiple medications were renewed. It was not stated whether or not the medications in question were beneficial or not. On December 12, 2013, the applicant again came in to obtain medication refills. MS Contin, Robaxin, and Ambien were once again refilled, without any exclusive discussion of medication efficacy. On January 9, 2014, MS Contin, Robaxin, and Ambien were once again refilled. No mention of medication efficacy was incorporated into the progress note. On April 23, 2014, the attending provider stated that the applicant's pain scores were 9/10 without medications and 3-4/10 with medications. The attending provider stated that the applicant's functionality without medications was essentially "0," but did not, it is incidentally noted, expound upon what benefits have been achieved with medication consumption.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **20 tablets of Ambien 10mg:** 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) - Treatment for Workers Compensation, Online Edition. Chapter: Pain ; Insomnia treatment.

**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 Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate 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, provide some compelling evidence to support such usage. In this case, however, the attending provider has simply refilled Ambien from visit to visit without any rationale for selection and/or ongoing usage of the same. As noted by the Food and Drug Administration (FDA), Ambien Medication Guide, Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The attending provider, however, has refilled Ambien for a span of what appears to be several months. No rationale for selection and/or ongoing usage of Ambien in the face of the unfavorable FDA position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

### **45 tablets of MS Contin 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** 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, on the bulk of the progress note referenced above, the attending provider did not recount any specific reductions in pain or improvements in function achieved as a result of ongoing morphine usage. On one occasion, the attending provider did state that the applicant was deriving appropriate analgesia with morphine. However, the attending provider did not elaborate upon what (if any) activities of daily living had specifically been ameliorated with ongoing morphine usage. The applicant is not, moreover, working, as suggested on a physical therapy progress note of November 6, 2013, which stated that the applicant had not worked since the date of injury. For all of the stated reasons, then, the request for MS Contin is not medically necessary.

**60 tablets of Robaxin 750mg:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the attending provider has refilled Robaxin for a span of several months. Robaxin is not indicated for the chronic, long-term, scheduled, and/or daily use purposes for which it is being endorsed here. Therefore, the request is not medically necessary.