

Case Number:	CM14-0059372		
Date Assigned:	09/12/2014	Date of Injury:	07/30/2011
Decision Date:	12/04/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/30/2014

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 Interventional Spine, 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 patient is a 53 year old with an injury date on 7/30/11. Patient complains of left-sided lumbar pain with radiation to left lower extremity per 3/12/14 report. Patient states that facet injections performed on December 2013 have worn off, and a previous epidural steroid injection at L4-5 on 7/29/13 gave > 50% relief per 3/28/14 report. Based on the 3/12/14 progress report provided by [REDACTED] the diagnoses are 1. Lumbago 2. Lumbar degenerative disc disease 3. Post laminectomy syndrome 4. Sciatica 5. Thoracic pain. Exam on 3/12/14 showed "decreased range of motion of back. Left straight leg raise positive." Patient's treatment history includes lumbar surgery, neck surgery, epidural steroid injection, facet injection, and medications. [REDACTED] is requesting Soma 350mg #45, Percocet 10/325mg #210, and Ambien 10mg #30. The utilization review determination being challenged is dated 4/28/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with lower back pain, and left lower extremity pain. The treater has asked for Soma 350mg #45 on 3/12/14. Patient has been taking Soma since 1/14/14, and is still taking Soma as of 3/12/14. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, patient has been taking Soma for more than 2 months. As Soma is not indicated for longer than a 2-3 week period, the requested Soma is not indicated. Recommendation is for denial.

Percocet 10/325 mg # 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain, and left lower extremity pain. The treater has asked for Percocet 10/325mg #210 on 3/12/14. Patient has been taking Percocet since 1/14/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications, which include Percocet, stating "stable on his current regimen" per 3/12/14 report. However, there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living other than walking is discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

Ambien 10 mg # 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, web version, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter on Chronic Pain, Insomnia Treatment, Ambien

Decision rationale: This patient presents with lower back pain, and left lower extremity pain. The treater has asked for Ambien 10mg #30 on 3/12/14. Patient has been taking Ambien since 1/14/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien for more than 2 months, but ODG states it is only for short-term use (7-10 days) the requested Ambien is not medically necessary at this time. Recommendation is for denial.