

Case Number:	CM14-0066498		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2004
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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 and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 07/14/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 05/23/2014 indicated a diagnosis of back disorder. The injured worker reported chronic low back pain. The injured worker described his pain as aching and throbbing and was constant to intermittent. The injured worker reported his pain 8/10. With opioid medications the injured worker reported he improved his sitting tolerance by 80%, standing tolerance, walking tolerance, lifting tolerance by 80% and lifting tolerance was improved by 60%. Household chores were improved by 60% and work tolerance was improved by 60%. On examination of the lumbar spine there were spasms present in the lumbar paravertebral region with tenderness in the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels. The extension of the lumbar spine was positive for back pain. The right lateral rotation of the lumbar spine was positive for back pain. The injured worker continued to work full duty and reported that his medications helped enable him to continue working and improve his functional capacity to sit, stand, walk, lift, work, and perform household chores. The injured worker reported that his medications helped him sleep at night. The injured worker reported he would be unable to function without his current medications but denied side effects or adverse effects of his medication and there were no signs of abuse or misuse of medications. The provider discussed in detail the safe and appropriate use of narcotics for chronic pain. The treatment plan included a refill of Ambien, Norco, and Soma and to follow-up in 4 weeks. The provider submitted a request for Soma, Norco and Ambien. A request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma Tablet) - 350mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. Although the injured worker reported improved functional capacity and no side effects, it was indicated that the injured worker had been utilizing Soma since at least 03/28/2014. This exceeds the guideline recommendations of short-term use. In addition, in the clinical note dated 02/07/2014 the injured worker rated his pain at 7/10, the clinical note dated 03/28/2014, the injured worker rated his pain at 7/10. In the clinical note dated 05/06/2014, the injured worker rated his pain 7/10 and in the clinical note dated 05/23/2014, the injured worker rated his pain 8/10. There was no indication that the use of Soma has resulted in significant diminished pain or levels of functional improvement. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Soma is not medically necessary.

Hydrocodone/acetamin (Norco Tablets) 10/325mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91,78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reported improved functional capacity and no side effects, it was indicated that the injured worker had been utilizing Norco since at least 03/28/2014. This exceeds the guideline recommendations of short-term use. In addition, in the clinical note dated 02/07/2014 the injured worker rated his pain at 7/10, the clinical note dated 03/28/2014, the injured worker rated his pain at 7/10. In the clinical note dated 05/06/2014, the injured worker rated his pain 7/10 and in the clinical note dated 05/23/2014, the injured worker rated his pain 8/10. There was no indication that the use of Norco has resulted in significant diminished pain or levels of functional improvement. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Zolpidem (Ambien Tablet, Film Coated) 10mg #15 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for sleep disturbance or insomnia. In addition, the injured worker has been utilizing this medication since at least 02/2014. This exceeds the guideline recommendations of short-term use. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Ambien is not medically necessary.