MAXIMUS Federal Services

Case Number:	CM14-0075201		
Date Assigned:	07/16/2014	Date of Injury:	11/15/1998
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/22/2014

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 patient is a 55-year-old female who has submitted a claim for lumbago and acquired spondylolisthesis associated with an industrial injury date of 11/15/1998.Medical records from 10/14/2013 to 06/30/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified). Of note, there was no complaint of sleep disturbance. Physical examination revealed well-healed incisions, tenderness over paraspinal muscles, and decreased lumbar range of motion (ROM). Manual muscle test (MMT), Deep Tendon Reflexes (DTRs), and sensation to light touch of lower extremities were intact. Straight leg raising (SLR) test was negative bilaterally. MRI of the lumbar spine dated 11/05/2013 revealed anterior and posterior spinal fusion and posterior decompression at L4-5, severe spinal canal stenosis L4-5, grade 1 anterior spondylolisthesis of L4 on L5, posterior epidural fluid collection, and mild neural foraminal narrowing bilaterally at L4-5.Treatment to date has included L4-5 revision posterior decompression and fusion with instrumentation (10/29/2013), lumbar fusion L4-5(04/30/2013), physical therapy, home exercise program, Soma 350mg prn (10/29/2013), Percocet 10/325mg (10/29/2013) , Ambien 10mg (10/29/2013), and other pain medications. Of note, documentation of response to oral medications was not made available.Utilization review dated 04/16/2014 denied the request for Carisoprodol 350mg # 1 because there was insufficient documentation contraindicating the use of NSAIDS. Utilization review dated 04/16/2014 denied the request for Oxycodone/APAP 10/325mg # 120 because there was no objective documentation of functional derived benefit. Utilization review dated 04/16/2014 denied the request for Zolpidem 10mg # 30 because there was no documentation of sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Qty:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Soma 350mg prn since 10/29/2013. There was no documentation of functional improvement with Soma use. The guidelines do not recommend the use of Carisoprodol beyond 2-3 weeks as well. Furthermore, there was no documentation of muscle spasms on physical examination. There is no clear indication for use of Soma at this time. Therefore, the request for Carisoprodol 350mg #1 is not medically necessary.

Oxycodone/APAP 10/325mg Qty:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Percocet 10/325mg since 10/29/2013. There was no documentation of analgesia, functional improvement, or urine toxicology review in order to support continuation of opioids treatment per guidelines requirement. Therefore, the request for Oxycodone/APAP 10/325mg #120 is not medically necessary.

Zolpidem 10mg Qty: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.

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

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien 10mg since 10/29/2013. There was no complaint of sleep disturbance or documentation of response to Zolpidem. Furthermore, the guidelines do not recommend long-term use of Zolpidem. Therefore, the request for Zolpidem 10mg # 30 is not medically necessary.