

<b>Case Number:</b>	CM14-0083488		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/04/1996
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Nevada. 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 records presented for review indicate that this 62-year-old gentleman was reportedly injured on June 4, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of low back pain and neck pain. The physical examination demonstrated tenderness along the cervical spine musculature, trapezius, and medial scapula. There are multiple trigger points identified as well as decreased cervical spine range of motion. There was also tenderness throughout the lumbar spine paravertebral muscles with trigger points. Neurological examination revealed decreased sensation at the L5 and S1 nerve distributions. Diagnostic imaging studies of the cervical spine indicated a fusion at C5 - C6 and C6 - C7 as well as a grade 1 anterolisthesis at both C4 - C5 and C7 - T-1. Nerve conduction studies revealed a severe bilateral C4, C5, and C7 radiculopathy as well as and L2 and L5 radiculopathy. Previous treatment includes cervical and lumbar spine surgery as well as epidural steroid injections for the lumbar spine. A request had been made for Norco, Neurontin, soma, and Ambien and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement is pain with the usage of this medication. As such, this request for Norco is not medically necessary.

**Neurontin #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** The California MTUS considers Neurontin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain on exam and the progress note dated April 14, 2014 states that Neurontin has helped alleviate the injured worker's radicular symptoms. Therefore this request for Neurontin is medically necessary.

**Soma #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record does not indicate that the injured employee is having any exacerbations of low back pain nor are there any muscle spasms noted on physical examination. For the above reasons this request for Soma is not medically necessary.

**Ambien #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 (ODG): Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** 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. The guidelines specifically do not recommend them for long-term use for chronic pain additionally the progress note dated April 14, 2014 does not state that the injured employee has any sleep issues or insomnia. As such, this request for Ambien is not medically necessary.