

Case Number:	CM14-0087568		
Date Assigned:	07/23/2014	Date of Injury:	09/01/1980
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain Management, 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 62 year old with an injury date on 9/1/80. Patient complains of constant upper/lower back pain that radiates to her hips, legs, and knees with numbness/weakness, and pain rated 7/10 per 3/23/14 report. Patient states her pain medication gives her 50% reduction in pain that allows her to walk longer distances, and no side effects notes per 4/27/14 report. Based on the 4/27/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar stenosis 2. lumbar degenerative disc disease. Exam on 4/27/14 showed "focal back tenderness worse with extension. Lower extremities showed abnormal motor and sensory deficits. Full range of motion of upper extremities. Myofascial exam: no notable tenderness of muscles." [REDACTED] [REDACTED] is requesting Soma 350mg, Valium 10mg, Glucosamine 500mg, Sonata 10mg, Zofran 8mg. The utilization review determination being challenged is dated 4/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/2/13 to 7/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Pain Procedure Summary (updated 4/10/14): Antispasticity/Antispasmodic Drugs.

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

Decision rationale: This patient presents with lower back pain radiating into left leg. The treating physician has asked for Soma 350mg on 4/27/14. Records show patient has been taking Soma continuously from 11/2/13 to 4/27/14 reports. 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, the patient has been taking Soma for more than 5 months but MTUS only recommends for a maximum of 3 weeks. The requested Soma 350mg is not medically necessary and appropriate.

Valium 10mg (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with lower back pain radiating into left leg. The treating physician has asked for Valium 10mg on 4/27/14. Records show patient has been taking Valium continuously from 11/2/13 to 4/27/14 reports. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the submitted reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of the opiate in discussion. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary and appropriate.

Glucosamine 500mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).Glucosamine (and Chondroitin Sulfate)Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis.

Decision rationale: This patient presents with lower back pain radiating into left leg. The treating physician has asked for Glucosamine 500mg on 4/27/14. Patient has been taking glucosamine continuously from 11/2/13 to 3/23/14 reports. Regarding glucosamine, MTUS recommends as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient does not present with osteoarthritis of the knee. Therefore, the request for Glucosamine 500mg is not medically necessary and appropriate.

Sonata 10mg (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter online for Insomnia treatment(<http://www.odg-twc.com/odgtwc/pain.htm#Insomniatreatment>)Insomnia treatment.

Decision rationale: This patient presents with lower back pain radiating into left leg. The treating physician has asked for Sonata 10mg on 4/27/14. Records show patient has been taking Sonata continuously from 11/2/13 to 4/27/14 reports. Zaleplon (Sonata®) is a non-benzodiazepine sedative-hypnotic which ODG recommends as a first-line medication for insomnia. It reduces sleep latency. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The patient has been taking Sonata for more than 5 months, although Sonata is only indicated for short-term use of 7-10 days. The request is not medically necessary and appropriate.

Zofran 8 mg (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Pain Procedure Summary (updated 4/10/14): Antiemetics (for opioid nausea)Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter for: Ondansetron (Zofran®).

Decision rationale: This patient presents with lower back pain radiating into left leg. The treating physician has asked for Zofran 8mg on 4/27/14. Records show patient has been taking Zofran continuously from 11/2/13 to 4/27/14 reports. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient does not present with gastroenteritis, nor is the patient undergoing chemotherapy, radiation, or surgery. The requested Zofran 8mg would not appear to be indicated for this patient at this time. The request is not medically necessary and appropriate.