

<b>Case Number:</b>	CM14-0089767		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, 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 53 years old female with an injury date on 10/25/2010. Based on the 04/29/2014 progress report provided by [REDACTED], the patient complains of more back pain and "Ultram sometimes helps." The 01/28/2014 report indicates the patient has been doing a more internship work, "four to six ten hours days." The patient is now having more back pain. Physical exam findings were not included in the reports for review. The 12/07/2013 and 12/10/2013 SOAP notes from [REDACTED] indicates the patient's pain level is at a 4/10 with pain at the spine. There were no other significant findings noted on this report. The utilization review denied the request on 06/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/28/2014 to 04/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tab 10mg #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 ; Zolpidem (Ambien) (Feinberg, 2008)

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

guidelines, Chronic Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Zolpidem Tab 10mg #30. Review of reports show no mentions of Zolpidem and it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Zolpidem #30. The treating physician does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Given the above the request is not medically necessary.

**Hydroco/APAP tablet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydroco/APAP Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s):.

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Hydroco / APAP tab 10/325 mg #90. Review of reports show no mentions of Hydroco / APAP and it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 patient is working 4-6 day, ten hour days. The treating physician indicates the patient's pain level, but does not mention whether or not medication is helping the patient's pain. While the patient has reached high level of function by working, the treating physician does not provide adequate documentation regarding opiate use, including analgesia, side effects and aberrant behavior. There are no drug screen, no discussion regarding proper opiate management, etc. Given the above the request is not medically necessary.

**Tramadol HCL tab 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Tramadol HCL tab 100mg #30. Review of reports show no mentions of Tramadol and it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 patient is working but the treating physician does not document all four A's for opiate management. There are no drug screens and no analgesia. The treating physician mentions that this medication is only sometime helpful. Given the lack of appropriate documentation, the request is not medically necessary.

**Gabapentin cap 300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabaron, generic available) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Gabapentin cap 300mg #90. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports show no mentions of gabapentin and it is unknown exactly when the patient initially started taking this medication. In this case, medical records do not document neuropathic pain such as numbness and tingling in legs. The treating physician does not indicate how this medication is instrumental in managing this patient's chronic pain. Given the above the request is not medically necessary.

**Diclofenac tab 100mg ER #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac -NSAIDs (non-steroidal anti-inflammatory drugs)(Chen,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications ; non-steroidal anti-inflammatory.

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Diclofenac tab 100 mg ER #30. The MTUS Guidelines pages 60 and 61 reveal the following regarding

NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show no mentions of Diclofenac and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, the request is not medically necessary.

**Carisoprodol tab 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pain Page(s): 64, 63.

**Decision rationale:** According to the 04/29/2014 report by [REDACTED] this patient presents with more back pain due to an increase of work load. The treating physician is requesting Carisoprodol tab 350mg #90. Review of reports show no mentions of Carisoprodol and it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Carisoprodol #90; Carisoprodol is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request is not medically necessary.