

Case Number:	CM14-0182949		
Date Assigned:	11/07/2014	Date of Injury:	12/13/2007
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for Soma, Neurontin, Elavil, and Ambien. Partial approvals were issued on several occasions, for weaning purposes. The claims administrator stated that its decision was based on an October 1, 2014 progress note. The applicant's attorney subsequently appealed. In a letter dated November 4, 2014, a vocational interview was requested, implying that the applicant was not presently working. An October 30, 2014 progress note was notable for comments that the applicant had successfully off of Norco. The applicant was using MS Contin, Soma, Ambien, and Daypro, it was noted. The applicant still had significant complaints of low back pain which were making difficult for him to work. The applicant was status post lumbar spine surgery and multiple knee surgeries, it was acknowledged. The applicant's medication list included Senna, Elavil, morphine, Ambien, Soma, Colace, Cymbalta, Neurontin, and Daypro. The applicant was overweight, with a BMI of 34. Pain was limiting the applicant's ability to lift weights. The applicant was having difficulty performing personal care owing to severe complaints of pain. Sleeping, standing, walking, and sitting were also impacted secondary to pain. Morphine was continued at a tapered rate. Ambien and Soma were employed for muscle spasm and sleep purposes. The applicant was kept off of work, on total temporary disability. On October 5, 2014, the applicant again reported persistent complaints of low back pain. The applicant exhibited a significant limp. The applicant was depressed and reported both personal and familial stressors. The applicant

expressed anxiety about weaning and/or tapering off the medications. The applicant's BMI was 33. The applicant was crying. The applicant exhibited a visibly deranged gait. The applicant stated that he was having difficulty performing activities of daily living including personal care, lifting, walking, sitting, standing, sleeping, and traveling secondary to pain. Multiple medications were refilled. The applicant was not working, it was acknowledged. In a March 4, 2014 medical-legal evaluation, the applicant was characterized as using a variety of medications, including Amitiza, Senna, Metamucil, Ambien, Elavil, Cymbalta, melatonin, morphine, Norco, Daypro, Flector, aspirin, and Soma. It was stated that the applicant had discontinued Neurontin at this point owing to an adverse reaction with the same

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, however, the applicant is, in fact, concurrently using Soma and morphine, an opioid agent. This is not an MTUS recommended role for carisoprodol (Soma). Therefore, the request was not medically necessary.

Gabapentin 800 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant continues to report ongoing, longstanding, persistent low back pain, at times severe, despite ongoing gabapentin usage. The applicant is off of work, on total temporary disability. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as morphine and/or muscle relaxants such as Soma (carisoprodol). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Amitriptyline HCL 25 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline, a tricyclic antidepressant, is "recommended" in the chronic pain context present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. Ongoing usage of amitriptyline has failed to ameliorate the applicant's ability to perform activities of daily living as basic as sitting, standing, walking, traveling, sleeping, etc. Ongoing usage of amitriptyline has failed to curtail the applicant's dependence on opioid agents such as morphine and/or nonopioid agents such as Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of amitriptyline. Therefore, the request was not medically necessary.

Ambien CR 12.5 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien for chronic, long-term, and/or scheduled purposes. The 60-tablet supply of Ambien at issue, furthermore, implies continued chronic, longstanding, and/or nightly usage of the same. Such usage, however, runs counter to the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.