

Case Number:	CM14-0192724		
Date Assigned:	11/26/2014	Date of Injury:	05/21/2010
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, 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 65year old male with an injury date on 05/21/2010. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar sprain/strain.2. Lumbar disc bulge, L4-L5.3. Spondylolisthesis, L5-S1. 4. Spondylosis at L5According to this report, the patient complains of "constant pain in the low back" that is sharp and shooting. The patient noted most of his pain is to the right side of the lower back with "hot tingling sensation to the ankles and feet." Examination of the Lumbar Spine "demonstrates tenderness to palpation over the right greater than left L5-S1 region. There is painful and limited range of motion with flexion and extension maneuvers. Sensory examination reveals decreased sensation to light touch over the bilateral feet, entirely."The treatment plan is to request pain medications and patient is to return to the office on an as needed basis. The patient work status is "currently working." There were no other significant findings noted on this report. The utilization review denied the request for (1) Soma 350mg Qty: 60, (2) Ambien 10mg Qty:30, (3)Ultracet 50mg Qty:60, (4) Tylenol #3 Qty:60, And (5) Celebrex 200mg Qty:30 on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment report dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG QTY:60: Upheld

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

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

Decision rationale: According to the 10/22/2014 report, this patient presents with "constant pain in the low back" that is sharp and shooting. The current request is for SOMA 350MG QTY: 60. 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. In this case, the treating physician is requesting Soma#60 and it is unknown exactly when the patient initially started taking this medication. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

AMBIEN 10MG QTY:30: Upheld

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

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, insomnia treatment.

Decision rationale: According to the 10/22/2014 report, this patient presents with "constant pain in the low back" that is sharp and shooting. The current request is for AMBIEN 10MG QTY: 30. 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. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting Ambien #30. The report provided does not indicate that the patient has sleeping issue. The treater does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication; therefore, the current request is not medically necessary.

ULTRACET 50MG QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

Decision rationale: According to the 10/22/2014 report, this patient presents with "constant pain in the low back" that is sharp and shooting. The current request is for ULTRACET 50MG QTY: 60 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 treating physician provided only one report to review for the current request. The documentation provided does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically.

TYLENOL #3 QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

Decision rationale: According to the 10/22/2014 report, this patient presents with "constant pain in the low back" that is sharp and shooting. The current request is for TYLENOL #3 QTY: 60 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 treating physician provided only one report to review for the current request. The documentation provided does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically.

CELEBREX 200MG QTY:30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67, and 68.

Decision rationale: According to the 10/22/2014 report, this patient presents with "constant pain in the low back" that is sharp and shooting. The current request is for CELEBREX 200MG QTY:30. The MTUS Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it for shortest time possible. Page 22 of MUTs does recommend oral NSAIDs for low back but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In this case, the treating physician does not include documentation of how long the patient has been taking Celebrex, nor pain and function related to its use. MTUS page 60 require "A record of pain and function with medication should be recorded." Without documentation that this medication is working and helping with pain and function, continued use of the medication would not be indicated. The current request is not medically necessary.