

Case Number:	CM14-0201383		
Date Assigned:	12/11/2014	Date of Injury:	10/26/2000
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 46-year-old female with a 10/26/00 date of injury. According to a progress note dated 11/18/14, the patient continued to report increased right low back pain and right leg pain. She had ongoing painful low back spasms, helped some by Valium and Soma. She reported persistent bilateral foot numbness and tingling, right leg numbness, and left foot pain. Her sleep was helped by Ambien. Objective findings: trigger points palpated in right greater than left lumbosacral paraspinal muscles; tenderness, tightness, and spasms of bilateral lumbosacral paraspinal muscles, positive right seated straight leg raise. Diagnostic impression: chronic low back pain, lumbar disk injury, right lumbosacral radiculopathy, right trochanteric bursitis, chronic pain syndrome. Treatment to date: medication management, activity modification. A UR decision dated 11/3/14 denied the requests for Valium, Neurontin, Soma, and Ambien. Regarding these medications, there was no indication that the prior weaning recommendation on 4/4/14 had ever been initiated. Guideline recommendations do not support the long-term use of Valium, Soma, and Ambien. It was also acknowledged that the patient had a substance abuse issue and was to be referred to an addictionologist. The patient was still dispensed Neurontin with ongoing and increased symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in the present case, according to the UR decision dated 11/3/14, weaning this patient off Valium has been recommended since 4/4/14. There is no documentation that the provider has addressed this recommendation to initiate a weaning process. Guidelines do not support the long-term use of benzodiazepine medications and are the treatment of choice in very few conditions. Therefore, the request for Valium 10mg #90 was not medically necessary.

Neurontin 800mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18,49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the present case, it is noted that this patient reported bilateral foot numbness and tingling, as well as right leg numbness. In addition, she is noted to have a diagnosis of lumbar radiculopathy. Guidelines support the use of Neurontin as a first-line treatment for neuropathic pain. Therefore, the request for Neurontin 800mg #120 was medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is

metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, in the present case, according to the UR decision dated 11/3/14, weaning this patient off Soma has been recommended since 4/4/14. There is no documentation that the provider has addressed this recommendation to initiate a weaning process. Guidelines do not support the long-term use of Soma. In addition, Soma has been noted to have a risk of abuse, and it is documented that she has been recommended for a referral to an addictionologist. Furthermore, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Soma 350mg #60 was not medically necessary.

Ambien 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 (ODG), Pain (Chronic)

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 - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, according to the UR decision dated 11/3/14, weaning this patient off Ambien has been recommended since 4/4/14. There is no documentation that the provider has addressed this recommendation to initiate a weaning process. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #30 was not medically necessary.