

<b>Case Number:</b>	CM14-0208123		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 13, 2002. In a utilization review report dated November 12, 2014, the claims administrator failed to approve a request for methadone, Norco, Soma, Voltaren Gel, and Ambien. The applicant's attorney subsequently appealed. In a progress note dated August 13, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar spine surgery. The applicant was using MS Contin, Norco, Soma, Voltaren Gel, and Ambien. The applicant stated that the same was not controlled. The applicant stated that he wished to change back to methadone. The applicant is status post earlier lumbar laminectomy but had residual axial and right leg pain. The applicant is using a cane to move about. Soma, methadone, Norco, Voltaren, and Ambien were endorsed. The applicant was "disabled," it is acknowledged. In a progress note dated December 2, 2014, the applicant reported persistent complaints of low back and bilateral leg pain. The attending provider posited that the applicant's pain was better controlled with his medications. The applicant did exhibit an antalgic gait requiring usage of a cane, however, it was acknowledged. The applicant was again described as "disabled," as noted above in the report. Soma, methadone, Norco, Voltaren Gel, and Ambien were endorsed in addition to having ongoing issues with low back and right leg pain. The applicant also had issues with left-sided hemiparesis status post stroke. The attending provider posited that the applicant's ability to perform activities of daily living was ameliorated as a result of ongoing medication consumption but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged on several progress notes, referenced above, despite ongoing usage of methadone. The applicant was receiving both Workers' Compensation Indemnity and Disability Insurance benefits, it was further stipulated. While the attending provider did state that the applicant's pain was better controlled on the December 2, 2014 progress note, this is, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing methadone usage. Therefore, the request was not medically necessary.

**Norco 10/325 MG #300: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant is receiving both Workers' Compensation Indemnity and Disability Insurance benefits, the primary treating provider has acknowledged on several progress notes, referenced above. While the attending provider did report some analgesia and/or reduction in pain levels achieved as a result of ongoing medication consumption on a December 2, 2014 progress note, referenced above, these are, however, outweighed by the applicant's failure to return to work, the applicant's continued difficulty to perform activities of daily living as basic as standing and walking, to apparently require usage of a cane, and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

**Soma 350 MG #120: Upheld**

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

**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 or Soma is not recommended for chronic, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using a variety of opioid agents, including the methadone and Norco also at issue, and the ongoing use of carisoprodol (Soma) to the mix was not indicated. Therefore, the request was not medically necessary.

**Voltaren Gel 1 Percent 500 Grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the lumbar spine, the body parts for which topical Voltaren Gel has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-unfavorable MTUS position on the article at issue for the body part in question. Therefore, the request was not medically necessary.

**Zolpidem 10 MG #60:** 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)

**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 (zolpidem) Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of zolpidem (Ambien) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. Food and Drug Administration (FDA) notes, however, that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien (zolpidem) for a minimum of several

months. Such usage, however, runs counter to the FDA label. Therefore, the request was not medically necessary.