

Case Number:	CM14-0073037		
Date Assigned:	07/16/2014	Date of Injury:	02/20/1998
Decision Date:	01/28/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 injured worker (IW) is a 60-year-old woman with a date of injury of February 20, 1998. The mechanism of injury was not documented in the medical record. The injured worker's diagnoses are symptoms consistent with neurogenic claudication with L3-L4 central canal stenosis and left foraminal stenosis at L5-S1, status post lumbar fusion from L4 to S1 with a trans-S1 interbody screw fixation dating back to 2007; history of left knee pain secondary to osteoarthritis and status post rotator cuff surgery; and cervical spinal stenosis with multilevel cervical spondylosis and degenerative disc disease. Pursuant to the progress note dated April 4, 2014, the IW reports ongoing discomfort to her low back, gluteal region, and lower extremities as well as her left knee. She is requesting medication refills. Physical examination indicates the IW is able to go from the sitting position to standing position with no difficulty. She has 5/5 strength with knee flexion and extension. Current medications include Ambien Cr 6.25mg, Opana ER 20mg, Soma 350mg, and Naprelan 500mg. There was no documentation in the medical record that the IW had insomnia. Documentation indicates the IW has been taking the aforementioned medications since January 13, 2014 according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the use of Ambien, Opana, and Soma. The current request is for Soma 350mg #90, Ambien CR 6.25mg (quantity not provided), and Opana ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Opana Page(s): 78-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic usage. Satisfactory response to treatment they be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are symptoms consistent with neurogenic claudication with L3 - 4 central canal stenosis and left foraminal stenosis at L5 - S1 status post lumbar fusion from L4 - S1 with trans S1 interbody fixation 2007; history left knee pain secondary to osteoarthritis; status post left rotator cuff surgery; and cervical spinal stenosis with multilevel cervical spondylosis and degenerative disc disease. A progress note dated January 13, 2014 indicates the injured worker was taking Opana ER 20mg at that time. Opana ER is a long-acting narcotic for treatment of chronic pain. A urine drug screen was performed that was not positive for Opana (oxymorphone-according to the utilization review). The documentation does not contain evidence of objective functional improvement. There was no reduction in dose or change in frequency of Opana ER. There were no detailed pain assessments in the medical record. Consequently, absent the appropriate clinical documentation with objective functional improvement and detailed pain assessments, Opana ER 20 mg one tablet BID #60 is not medically necessary.

Soma 350mg 1 tab every 8 hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are symptoms consistent with neurogenic claudication with L3 - 4 central canal stenosis and left foraminal stenosis at L5 - S1 status post lumbar fusion from L4 - S1 with trans S1 interbody fixation 2007; history left knee pain secondary to osteoarthritis; status post left rotator cuff surgery; and cervical spinal stenosis with multilevel cervical spondylosis and degenerative disc

disease. Documentation indicates the injured worker was taking Soma as far back as January 13, 2014, according to a progress note with the same date. The documentation does not contain evidence of objective functional improvement. The guidelines recommend Soma for short-term (less than two weeks) treatment of acute low back pain and or acute exacerbation in patients with chronic low back pain. The treating physician has clearly exceeded the recommended guidelines of short-term treatment (less than two weeks). Consequently, absent the appropriate clinical indications and recommended guidelines, Soma 350 mg one tablet every eight hours #90 is not medically necessary.

Ambien CR 6.25 1 tab HS PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines), Pain (updated 04/10/14), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Ambien (Zolpidem)

Decision rationale: Per the Official Disability Guidelines, Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. Ambien CR is approved for chronic use, chronic use of hypnotics is, in general, discouraged. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are symptoms consistent with neurogenic claudication with L3 - 4 central canal stenosis and left foraminal stenosis at L5 - S1 status post lumbar fusion from L4 - S1 with trans S1 interbody fixation 2007; history left knee pain secondary to osteoarthritis; status post left rotator cuff surgery; and cervical spinal stenosis with multilevel cervical spondylosis and degenerative disc disease. The documentation indicates the injured worker was taking Ambien CR is far back as January 13, 2014. There are no clinical entries indicating the injured worker has insomnia or difficulty sleeping. Additionally, the documentation does not provide evidence of objective functional improvement associated with Ambien CR. The guidelines recommend short-term (7 to 10 days) treatment for insomnia. The treating physician has exceeded the recommended guidelines and has not provided the appropriate documentation to support its ongoing use. Consequently, absent the appropriate clinical indication and adherence to the guidelines, Ambien CR 6.25 mg one tablet HS PRN is not medically necessary.