MAXIMUS Federal Services

Case Number:	CM15-0004733		
Date Assigned:	01/16/2015	Date of Injury:	03/28/2002
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 38 year old left hand dominant male, who sustained a work/ industrial injury on 3/28/02. He has reported symptoms of neck pain. Per the orthopedic medical report dated 12/5/14, it identified bilateral neck with degenerative disc disease of the cervical spine, cervical radiculopathy, neuritis, shoulder impingement syndrome, shoulder joint pain, mood disorder, and insomnia. There was shoulder pain with planned surgery. An acromioplasty was done. Treatment to date has included physical therapy for the neck pain, rated 5-6/10 and oral analgesics. A Magnetic Resonance Imaging (MRI) done 11/23/08 showed degenerative disc disease with mild C3-4, 4-5, and 5-6 disc desiccation and disc disease without significant central canal stenosis or herniated disc. The 4/2009 MR I of the shoulder was normal except for evidence of prior surgery at the acromioclavicular (AC) joint. MR I of the left shoulder on 5/29/13 showed a small amount of fluid in the subacromial and subdeltoid bursal space, tendinopathy of the supraspinatus and infraspinatus tendons with low grade partial thickness tear on the bursal aspect of the anterior fiber of the supraspinatus tendon. On 12/17/14, Utilization Review modified Norco 10/325 QID #30 Refills x 3 to Norco 10/325 mg QID refills x 0 ; and non-certified Soma 350 mg Refills x 3 and Ambien CR 12.5 mg #30 refill x 3, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) (Pain Chapter).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: According to the 12/17/14 Utilization Review letter, the Soma 350mg requested on the 12/05/14 medical report was denied because MTUS does not recommend Soma for long-term use. According to the 12/5/14 orthopedic report, the patient has shoulder and neck pain. He has history of bilateral shoulder surgeries and is considering additional surgery. He is also concerned about his neck pain, but nothing had been approved. Pain is 5-6/10. Pain medications help reduce pain 40% without side effects. The report states "without pain medications, the patient would not be able to do daily activities" There was no discussion on what daily activities the patient would not be able to do without medications, nor what improved function he has with use of the medications. The report states "Sleep is fair" The records show the patient has been taking Soma 350mg, since 5/20/14. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use" MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma , Soprodal 350, Vanadom , generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The continued use of Soma over 7-months exceeds the MTUS recommendations of 3-weeks. The request for Soma 350 mg, #30, is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-77, 88-89.

Decision rationale: According to the 12/17/14 Utilization Review letter, the Norco 10/325mg requested on the 12/05/14 medical report was modified to allow 1 prescription without refills, but did not provide rationale. According to the 12/5/14 orthopedic report, the patient has shoulder and neck pain. He has history of bilateral shoulder surgeries and is considering additional surgery. He is also concerned about his neck pain, but nothing had been approved. Pain is 5-6/10. Pain medications help reduce pain 40% without side effects. The report states "without pain medications, the patient would not be able to do daily activities" There was no discussion on what daily activities the patient would not be able to do without medications, nor what improved function he has with use of the medications. The report states "Sleep is fair" The patient has been using Norco since 5/20/14. The reports do not discuss work status. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment

criteria for use of opioids Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available records did not provide any details on what activities the patient is able to do with use of Norco that he cannot do without use of Norco. The reports did not discuss work limitations nor do they discuss reduced limitations with use of the medications. The MTUS criteria for long-term use of opiates, requires documentation of functional improvement with a numerical scale or validated instrument. The MTUS documentation requirements for long-term use of opioids have not been met. The request for Norco 10/325mg, #30, is not medically necessary.

Ambien CR 12.5mg #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, Pain Chapter, 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 chapter, for Zolpidem (AmbienÂ®) Pain chapter online for Insomnia treatment

Decision rationale: According to the 12/17/14 Utilization Review letter, the Ambien CR 12.5mg, requested on the 12/05/14 medical report was denied due to long-term use. According to the 12/5/14 orthopedic report, the patient has shoulder and neck pain. He has history of bilateral shoulder surgeries and is considering additional surgery. He is also concerned about his neck pain, but nothing had been approved. Pain is 5-6/10. Pain medications help reduce pain 40% without side effects. The report states "without pain medications, the patient would not be able to do daily activities" There was no discussion on what daily activities the patient would not be able to do without medications, nor what improved function he has with use of the medications. The report states "Sleep is fair" The reports show the patient has been using Ambien since 5/20/14 MTUS does not discuss Ambien. ODG-TWC guidelines, Pain chapter, for Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. ODG guidelines, Pain chapter online for Insomnia treatment states "Recommend that treatment be based on the etiology" and that "failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The patient has used Ambien since 5/20/14. The provided medical reports did not mention efficacy of Ambien. The continued use of Ambien over 7-months is not in accordance with ODG recommendations of short-term use. The continued use of Ambien CR 12.5mg, #30, is not medically necessary.