

<b>Case Number:</b>	CM15-0100852		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/24/2007
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of December 24, 2007. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for Ambien, Nucynta, and Soma, apparently prescribed on or around May 12, 2015. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery. A 5 to 10 pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The date of surgery was not stated. Medication selection and medication efficacy were not discussed on the progress note in question. However, in RFA form dated March 17, 2015, Opana, Nucynta, Soma, and Ambien were renewed. In a handwritten progress note dated May 12, 2015, the applicant reported ongoing complaints of neck pain, 6-10/10. The note was very difficult to follow and not entirely legible. Soma, Nucynta, Opana, testosterone, and Valium were apparently prescribed and/or renewed. The applicant was described having depleted previously prescribed pain medications. The applicant's work status was not detailed, although it did not appear that the applicant was working. Picking up groceries and/or a gallon of milk remained difficult, despite ongoing medication consumption, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 (Rx 5/12/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 U.S. Food and Drug Administration: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate 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. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request is framed as a renewal or extension request for Ambien, and thus, by definition, represented treatment beyond the FDA label. The attending provider failed to furnish a rationale for usage of Ambien for a non-FDA labeled purpose in a handwritten May 12, 2015 progress note. Little-to-no narrative commentary accompanied the request for authorization. Therefore, the request was not medically necessary.

**Nucynta 100mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. 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's work status was not clearly outlined on the handwritten progress note of May 12, 2015. It did not appear, however, that the applicant was working at that point in time. The applicant continues to report 6/10 pain complaints, despite ongoing medication consumption. The applicant continued to report difficulty picking up grocery bags and/or a gallon of milk owing to ongoing pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

**Soma 350mg twice daily as needed (Rx 5/12/15) #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Opana and Nucynta, opioid agents. Continued usage of Soma in conjunction with them was not indicated. Therefore, the renewal request for Soma was not medically necessary.