

<b>Case Number:</b>	CM15-0104937		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 13, 2005. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for methadone, Ambien, Soma, and Norco. The applicant's attorney subsequently appealed. In a progress note dated May 24, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant was using a cane to move about. The applicant had various cardiac comorbidities, it was acknowledged. The applicant exhibited a visibly antalgic gait in the clinic setting. The applicant was not working, it was reported. The attending provider stated that methadone and Norco were beneficial but did not elaborate further. The applicant had reported issues with opioid-induced constipation, it was acknowledged. The applicant's medications included Soma, Ambien, senna, Norco, methadone, aspirin, Zestril, Lopressor, Plavix, Levoxyl, Norvasc, and various dietary supplements, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #20:** Upheld

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

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

**Decision rationale:** No, the request for methadone, a long-acting opioid, was 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 was not working, it was reported on May 24, 2015. The applicant did have difficulty performing activities of daily living as basic as standing and walking, it was reported on that date. The applicant was using a cane to move about. While the attending provider reported that ongoing usage of methadone had proven beneficial, this was not elaborated or expounded upon. The attending provider's reports of subjective benefit with ongoing methadone usage was, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

**Norco 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, 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 was off of work, it was reported on May 24, 2015. The applicant did have difficulty performing activities of daily living as basic as standing and walking, it was reported on that date. The applicant exhibited a visibly antalgic gait and was using a cane, it was reported. While the attending provider stated that the applicant's medications were beneficial, this was neither elaborated nor expounded upon and was, furthermore, outweighed by the applicant's failure to return to work and the applicant's continuing difficulty performing activities of daily living as basic as sanding and walking. Therefore, the request was not medically necessary.

**Ambien 10mg #30 with 2 refills:** 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), Zolpidem (Ambien).

**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 indications and usage: 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:** Similarly, the request for Ambien, a sleep aid, was likewise 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 usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is recommended in the short-term treatment of insomnia, for up to 35 days. Here, the renewal request for Ambien, 30 tablets with two refills, thus, in and of itself, represented treatment in excess of the FDA label. The attending provider failed to furnish a compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

**Soma 350mg #90 with 2 refills:** Upheld

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

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

**Decision rationale:** Finally, the request for Carisoprodol (Soma) 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 Norco and methadone, opioid agents. The 90-tablet, two-refill supply of Soma did imply chronic, long-term, and thrice daily usage of the same, i.e., usage incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.