

<b>Case Number:</b>	CM15-0105055		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/11/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 67 year old male, who sustained an industrial injury on 4/8/04. The injured worker has complaints of neck and lower back pain with shooting pain down his right upper extremity and weakness to his lower extremities. The documentation noted that there is spasms present in the posterior neck and tenderness upon palpation about the posterior neck. The documentation noted that there is lumbar spine spasms and tenderness upon palpation about the lower lumbar region. The diagnoses have included cervical spine, 4 millimeter disc bulge at C4-5 and lumbar spine 6 millimeter disc bulge at L4-5. Treatment to date has included ambien for sleep; anaprox for inflammation and swelling; soma for spasms; percocet for pain; pain management; home exercise program; physical therapy; magnetic resonance imaging (MRI) of the cervical spine demonstrates a 4 millimeter disc bulge at C4-5 and magnetic resonance imaging (MRI) of the lumbar spine demonstrates 6 millimeter disc bulge at L4-5. The request was for retrospective soma 350mg #60; retrospective percocet 10/325mg #60 and retrospective ambien 5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospectives Soma 350mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for 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 cervical spine, 4 mm disc bulge C4 - C5; and lumbar spine, 6 mm disc bulge at L4 - L5. A pain management consultation dated February 11, 2015 states the injured worker is taking Ambien 10 mg, fentanyl 50 g, Naprosyn 550 mg, soma 350 mg and Topamax. The treating orthopedic provider prescribes the medications. A progress note from the treating provider dated December 3, 2014 does not contain a list of current medications. A follow-up progress note dated February 11, 2015 indicates the injured worker is taking Soma, Duragesic, Percocet and Ambien. Soma is indicated for short-term use (less than two weeks). Additionally, Soma is indicated for short-term treatment of an acute exacerbation of chronic low back pain. There is documentation of ongoing chronic low back pain, but no indication of an acute exacerbation. Additionally, Soma was prescribed as far back as December 3, 2014. The most recent progress note dated April 22, 2015 indicates the treating provider still prescribing Soma. There are no compelling clinical facts to support the ongoing use of soma. Additionally, the treating provider exceeded the recommended guidelines for short-term use by continuing soma in excess of four months. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of soma 350 mg in excess of the recommended guidelines for short-term use (less than two weeks), retrospectives Soma 350mg #60 is not medically necessary.

**Retrospective Percocet 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 71, 73.

**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:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Percocet 10/325 mg #60 is not medically necessary. 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 ongoing opiate use. Satisfactory response to treatment may 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. Discontinuation of long-term

opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine, 4 mm disc bulge C4 - C5; and lumbar spine, 6 mm disc bulge at L4 - L5. A pain management consultation dated February 11, 2015 states the injured worker is taking Ambien 10 mg, fentanyl 50 g, Naprosyn 550 mg, soma 350 mg and Topamax. The treating orthopedic provider prescribes the medications. A progress note from the treating provider dated December 3, 2014 does not contain a list of current medications. A follow-up progress note dated February 11, 2015 indicates the injured worker is taking Soma, Duragesic, Percocet and Ambien. There is no documentation containing objective functional improvement to support ongoing Percocet 10/325mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There has been no attempt at weaning Percocet in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Percocet, detailed pain assessments and risk assessments, retrospective Percocet 10/325 mg #60 is not medically necessary.

**Retrospective Ambien 5mg #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), Pain, 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.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Ambien 5 mg #60 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are cervical spine, 4 mm disc bulge C4 - C5; and lumbar spine, 6 mm disc bulge at L4 - L5. A pain management consultation dated February 11, 2015 states the injured worker is taking Ambien 10 mg, fentanyl 50 g, Naprosyn 550 mg, soma 350 mg and Topamax. The treating orthopedic provider prescribes the medications. A progress note from the treating provider dated December 3, 2014 does not contain a list of current medications. A follow-up progress note dated February 11, 2015 indicates the injured worker is taking Soma, Duragesic, Percocet and Ambien. Ambien is indicated for short-term use (7 - 10 days) treatment of insomnia. Subjectively, there is no documentation indicating insomnia or sleep difficulties. Additionally, Ambien is indicated short-term (7 to 10 days). Ambien was prescribed, at a minimum, as far back as December 3, 2014. The exact start date is unclear based on the available documentation available for review. The treating provider clearly exceeded the recommended guidelines of 7 to 10 days without

compelling supporting facts to support the ongoing use of Ambien. There is no documentation that demonstrates objective functional improvement with ongoing Ambien. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Ambien prescribed clearly in excess of the recommended guidelines for 7 to 10 days, retrospective Ambien 5 mg #60 is not medically necessary.