

Case Number:	CM15-0132423		
Date Assigned:	07/20/2015	Date of Injury:	08/14/2013
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained an industrial injury on 8/14/2013 resulting in radiating low back pain. He was diagnosed with displaced lumbar intervertebral disc without myelopathy; sciatica; and, thoracic lumbar neuritis. Treatment has included anti-inflammatory medication from which he reported no results, oral and topical pain medications providing some temporary relief, epidural steroid injections, physical therapy, chiropractic treatment, use of a TENS unit, and sacroiliac joint injections, with no documentation of outcomes or improvement. The injured worker continues to report constant radiating low back pain and problems sleeping. The treating physician's plan of care includes Norco, Soma, and Ambien. There is no recent documentation provided relating to work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for radiating low back pain. When seen, his condition was unchanged. Medications are referenced as decreasing pain and allowing him to maintain his activities of daily living. There was a stooped posture and he was using a cane. There was lumbar muscle guarding with severe tenderness and straight leg raising was positive bilaterally. There was right sciatic tenderness. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are decreasing pain and allowing the claimant to maintain his activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Soma 350mg #90: 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).

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

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for radiating low back pain. When seen, his condition was unchanged. Medications are referenced as decreasing pain and allowing him to maintain his activities of daily living. There was a stooped posture and he was using a cane. There was lumbar muscle guarding with severe tenderness and straight leg raising was positive bilaterally. There was right sciatic tenderness. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

Ambien 10mg #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 (ODG), Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for radiating low back pain. When seen, his condition was unchanged. Medications are referenced as decreasing pain and allowing him to maintain his activities of daily living. There was a stooped posture and he was using a cane. There was lumbar muscle guarding with severe tenderness and straight leg raising was positive bilaterally. There was right sciatic tenderness. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.