

Case Number:	CM15-0135831		
Date Assigned:	07/23/2015	Date of Injury:	01/01/1995
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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 50-year-old male, who sustained an industrial injury on 1/1/95. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar degenerative disc disease; lumbar spinal stenosis; lumbar facet arthropathy; epidural fibrosis; discogenic syndrome cervical; depression; pseudoarthrosis; muscle spasm; gastritis; constipation. Treatment to date has included status post transforaminal lumbar interbody fusion L2-S1 (3/22/12); Status post anterior cervical discectomy fusion (ACDF) C5-C7 (no date); physical therapy; medications. Diagnostics studies included MRI lumbar spine (11/11/11). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker presented in this office recovering from his recent back surgery (no date and no operative report submitted). The provider documents the injured worker states the pain is much more severe recently and he needs to do something more to get relief. He is feeling worse and is not able to continue working. He reports he takes the increased activity level on the medication instead of sedation with less medication. He has to increase the dose of the Kadian. He still needs the medication to control his pain and keep his activity level at the desired level. The medication causes nausea in high doses and so he needs the cream to control the pain and reduce the medication dose. He needs topical cream for localized pain in his back. The oral medication is reported to also give him gastritis, constipation and nausea and he needs the topical medication to reduce the dose of the oral medication. The provider documents the injured workers pain, present since 12/29/11, has now been treated surgically and he is much improved. He still has some left leg pain and weakness. He is able to work, has been successful in weaning the Kadian from 60mg a day to 40mg as day to now 20mg a day, and continues on the lower level trying to further reduce the

Kadian. He needs the cream to reduce the amount of oral medications he takes. The injured worker rates his low back pain today as 3/10 and he been doing better since the recent increase in medications. The provider applied a topical cream in the office on this: CMCT20 TD cream, Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20%. The provider offered therapeutic nerve blocks and the injured worker decline. The provider is requesting authorization of Kadian 20mg #60 with no refills; Ambien 10mg #30 with no refills and Soma 350mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Kadian 20mg #60 with 0 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Kadian 20mg #60 with 0 refills is not medically necessary.

Ambien 10mg #30 with 0 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg #30 with 0 refills is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has chronic low back pain. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 with 0 refills is not medically necessary.

Soma 350mg #60 with 0 refills: 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, Page 29; Muscle Relaxants, Pages 63-66..

Decision rationale: The requested Soma 350mg #60 with 0 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic low back pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #60 with 0 refills is not medically necessary.