

<b>Case Number:</b>	CM15-0148773		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/08/2001
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female who sustained an industrial injury on October 08, 2001. A recent primary follow up visit dated August 06, 2015 reported subjective complaint of neck, low back, left hand and left elbow pains. The worker did note undergoing electric nerve conduction study on February 25, 2009 which revealed: right lower extremity evidence of moderate chronic C5, C6 and C7 radiculopathy versus stenosis on the right; mild right carpal tunnel syndrome with median nerve entrapment at wrist. Current medications consist of: Xanax, Celexa, Buspar, Ambien, Prilosec, soma, Kadian, Norco, and Phentermine. She is wearing a wrist splint at night time. Surgical history: right shoulder open acromioplasty in May 2006; let ulnar release April 17, 2007; and anterior cervical discectomy C3-4 and C4-5 with bilateral foraminotomy November 19, 2012. Medications noted prescribed this visit. The treating diagnoses were carpal tunnel syndrome, and post laminectomy lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screening Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

**Decision rationale:** The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 As of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.

**Ambien 5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien.

**Decision rationale:** The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The risk of long-term use of Ambien currently outweighs benefit and is considered medically unnecessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for an extended amount of time without objective documentation of the improvement in function. There isn't complete documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There is no drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

**Soma 350mg #75:** Upheld

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

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

**Decision rationale:** The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opioids as well. Therefore, it is considered medically unnecessary.