

Case Number:	CM15-0163430		
Date Assigned:	08/31/2015	Date of Injury:	02/21/2003
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male with a February 21, 2003 date of injury. A progress note dated July 7, 2015 documents subjective complaints (persistent lower back pain rated at a level of 9 out of 10), objective findings (palpatory guarding, soreness, and tenderness of the right elbow and forearm; decreased range of motion of the elbow; antalgic gait; positive straight leg raise test bilaterally with radiating pain; decreased and painful range of motion of the thoracolumbar spine; pain, tenderness, and stiffness of the lumbar spine), and current diagnoses (spondylosis of unspecified site; degeneration of lumbar or lumbosacral intervertebral disc; lumbar spine stenosis; displacement of lumbar intervertebral disc without myelopathy; myalgia and myositis; esophageal reflux; long term use of medications; encounter for therapeutic drug monitoring). Treatments to date have included medications, lumbar epidural steroid injection, home exercise, and H-wave unit. The treating physician documented a plan of care that included Norco 10-325mg #150, active-medicated specimen collection, Ambien 10mg #30, and Soma 350mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents on 07/07/15 with lower back pain rated 9/10. The patient's date of injury is 02/21/03. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325MG #150. The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the lumbar spine, positive straight leg raise test bilaterally, worsening range of motion in the lumbar and thoracic spine. The patient is currently prescribed Ambien, Anaprox, Morphine, Soma, and Norco. Patient is currently not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy or compliance to continue use. Progress note dated 07/07/15 does not address the efficacy of this patient's medication regimen. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or any statement of a lack of aberrant behavior. Furthermore, several inconsistent urine toxicology reports were made available for review. Inconsistent UDS dated 10/27/14 lacks the presence of Ambien metabolites and is positive for THC metabolites. UDS 12/22/14 was inconsistent, showing the presence of Oxazepam metabolites, not among this patient's current medications. UDS dated 01/22/15 was also inconsistent, lacking the presence of Hydrocodone metabolites and indicating the presence of several Benzodiazepine class medications, which are not prescribed to this patient. It is stated that this patient's most recent UDS dated 05/11/15 was consistent, however. Given the lack appropriate documentation of the 4A's and evidence of past inconsistency with prescribed medications, continuation of Norco cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation and evidence of prior UDS inconsistency, the request is not medically necessary.

Active-medicated specimen collection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, under Urine Drug Testing.

Decision rationale: The patient presents on 07/07/15 with lower back pain rated 9/10. The patient's date of injury is 02/21/03. Patient has no documented surgical history directed at this complaint. The request is for ACTIVE-MEDICATED SPECIMEN COLLECTION. The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the lumbar spine, positive straight leg raise test bilaterally, worsening range of motion in the lumbar and thoracic spine. The patient is currently prescribed Ambien, Anaprox, Morphine, Soma, and Norco. Patient is currently not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, the request appears to be retrospective for urine drug screening performed point of care during the most recent visit. Several inconsistent urine toxicology reports were made available for review. Inconsistent UDS dated 10/27/14 lacks the presence of Ambien metabolites and is positive for THC metabolites. UDS 12/22/14 was inconsistent, showing the presence of Oxazepam metabolites, not among this patient's current medications. UDS dated 01/22/15 was also inconsistent, lacking the presence of Hydrocodone metabolites and indicating the presence of several Benzodiazepine class medications which are not prescribed to this patient. While this patient's narcotic medications are not indicated for continued use, this is a retrospective request for a UDS performed when this patient was still prescribed narcotics. Given these previously inconsistent urine drug screenings, this patient met criteria for more frequent urine drug screening and at the time such specimen collection was appropriate. Therefore, the request is 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) Treatment Index 13th Edition (web) 2015 Pain 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, under Zolpidem.

Decision rationale: The patient presents on 07/07/15 with lower back pain rated 9/10. The patient's date of injury is 02/21/03. Patient has no documented surgical history directed at this complaint. The request is for AMBIEN 10MG #30. The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the lumbar spine, positive straight

leg raise test bilaterally, worsening range of motion in the lumbar and thoracic spine. The patient is currently prescribed Ambien, Anaprox, Morphine, Soma, and Norco. Patient is currently not working. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In regard to the continuation of Ambien for this patient's insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 06/08/15. Official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply an intent to utilize this medication short-term. Therefore, the request is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents on 07/07/15 with lower back pain rated 9/10. The patient's date of injury is 02/21/03. Patient has no documented surgical history directed at this complaint. The request is for SOMA 350MG #120 The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the lumbar spine, positive straight leg raise test bilaterally, worsening range of motion in the lumbar and thoracic spine. The patient is currently prescribed Ambien, Anaprox, Morphine, Soma, and Norco. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines 2009 Chapter, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines 2009 Chapter, Muscle relaxants (for pain) section, page 63-63 under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 06/08/15. However, MTUS does not support the use of Soma for longer than 2-3 weeks. While this patient presents with significant chronic pain, the request for 120 tablets in addition to prior use does not imply the intent to limit this medication's use to short-term. Therefore, the request is not medically necessary.