

<b>Case Number:</b>	CM15-0184891		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 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:

This is a 46 year old female with a date of injury on 11-12-2002. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, knee-lower leg pain, low back pain, myalgia and myositis unspecified, spasm of muscle and insomnia. Medical records (2-17-2015 to 8-21-2015) indicate ongoing low back pain with radiation into the bilateral lower extremities. The injured worker rated her pain as six out of ten with medications and eight to nine out of ten without medications. She also complained of pain in her shoulders and arms. It was noted that radicular pain on the left was worsening. Per the treating physician (8-21-2015), the injured worker was temporarily totally disabled. The physician noted that the injured worker was awaiting lumbar fusion surgery. The physical exam (8-21-2015) revealed an unstable gait. Range of motion of the lumbar spine was restricted due to pain. There was lumbar spine tenderness and lumbar facet tenderness. Range of motion of left knee was difficult due to post surgical pain. Treatment has included left total knee replacement (1-20-2015), removal of spinal cord stimulator (4-2-2015), physical therapy, and medications. The injured worker has been prescribed Percocet, Ambien, Soma and Oxycodone since at least 2-17-2015. The treating physician indicates (6-25-2015) that the urine drug testing result was positive for Oxycodone. The request for authorization dated 8-27-2015 was for OxyContin, Percocet, Soma and Ambien. The original Utilization Review (UR) (9-3-2015) modified a request for Percocet 10-325mg from #90 (30 day supply) to #19 (7 day supply). UR modified a request for Ambien 10mg from #90 (30 day supply) to #7 (7 day supply). UR modified a request for Soma 350mg from #90 (30 day supply) to #19 (7 day supply). UR modified a request for OxyContin 30mg from #90 (30 day supply) to #19 (7 day supply).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg tab take 1 tablet every 8 hours, #90: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** According to ODG and MTUS, OxyContin is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Percocet 10/325mg tab take 1 tablet three times a day as needed, #90: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS and ODG, Percocet 10/325mg (oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Soma 350mg tablet take 1 tablet two-three times a day as needed, #90: 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): Muscle relaxants (for pain).

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this case, there is no documentation that this injured worker has maintained increase in function, or decrease in pain or spasm with the use. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Medical necessity for the requested medication has not been established. The requested treatment Soma 350mg tablet take 1 tablet two-three times a day as needed, #90 is not medically necessary.

**Ambien 10mg tablet take 1 tablet every night at bedtime as needed, #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), 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, Insomnia Treatment.

**Decision rationale:** Ambien (Zolpidem) is a prescription non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien 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. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate that Ambien has helped this injured worker. The requested medication is not medically necessary.