

Case Number:	CM15-0187664		
Date Assigned:	09/29/2015	Date of Injury:	05/22/1997
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male, who sustained an industrial injury on 5-22-97. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain, lumbar stenosis, right shoulder, adhesive capsulitis and bilateral carpal tunnel syndrome. The injured worker was temporarily totally disabled. On (9-8-15, 7-14-15 and 6-16-15) the injured worker complained of moderate low back pain and right shoulder pain. The injured workers average pain was rated 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion. Right shoulder examination revealed generalized tenderness and a limited and painful range of motion. Sensation to pinprick was diminished in all extremities. No significant weakness was noted in the upper or lower extremities. There were no complaints noted regarding sleep or insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Treatment and evaluation to date has included medications, lumbar brace, urine toxicology screen, physical therapy, aquatic therapy, a home exercise program, left carpal tunnel release surgery, lumbar fusion and removal of hardware. The urine toxicology screen (7-14-15) was noted to be consistent with medications. Current medications include Ambien (since at least June of 2015), Soma (since at least June of 2015), hydrocodone-acetaminophen (since at least June of 2015), Vicodin ES and Metformin. The request for authorization dated 9-8-15 included requests for hydrocodone-acetaminophen 10-325 mg # 180, Ambien 10 mg # 30 and Soma 350 mg # 120. The Utilization Review documentation dated 9-21-15 modified the requests to hydrocodone-

acetaminophen 10-325 mg # 38 (original request # 180), Ambien 10 mg # 7 (original request # 30) and Soma 350 mg # 25 (original request # 120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10-325mg #180: 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, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 9/8/15. Therefore, the request is 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 ODG, Chronic Pain.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. There is no evidence in the records from 9/8/15 of insomnia to warrant Ambien. Therefore, the request is not medically necessary.

Soma 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 9/8/15 does not demonstrate response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long-term use. Therefore, the request is not medically necessary.