

Case Number:	CM15-0193600		
Date Assigned:	10/07/2015	Date of Injury:	05/27/2005
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury on 05-27-2005. Medical records indicated the worker was treated for degeneration of cervical intervertebral disc. In the provider notes of 09-17-2015, the injured worker complains of right shoulder and neck pain. She states the pain is a 3 on a scale of 0-10 and this is a "good" day for her. She complains of difficulty keeping food down (she is currently taking amoxicillin for a sinus infection). A rapid UA was positive for opiates and methamphetamine. Her pain was "bad" on the night preceding the provider evaluation and is described as dull, achy, stabbing and radiating to the bilateral shoulders. She has experienced headaches and difficulty swallowing post anterior cervical fusion (2009) and complains of paresthesia in the hand and numbness with weakness in the arm. She has tried ice, non-steroidal anti-inflammatory drugs, rest, and heat application with improvement in pain. Objectively, the spine shows asymmetry of the neck and shoulders with tilting of the head and neck to the left. There is trapezius tenderness with axial compression, and trapezius tenderness with muscle spasm noted on palpation. Cervical range of motion is noted to be restricted in all planes. Upper extremity sensation to light touch is diminished over the C5 dermatome, over the C6 dermatome, and over the C4 dermatome. Allodynia and hyperesthesia is present down the right upper extremity. On examination of the shoulders, the left shoulder has no significant swelling, erythema or ecchymosis. There is left scapular winging, but no specific tenderness on palpation. Sensation is intact through all dermatomes. There are no upper extremity motor or sensory deficits. Stability tests are all negative. The worker is taking Neurontin, Soma, Zolpidem, Naproxen, and Percocet All since at least 03-31-2015. The

treatment plan is for refills of these current medications. A request for authorization was submitted 09-17-2015 for: Naproxen 500mg #60. Percocet 10/325mg #120. Zolpidem 10mg #30. Soma 350mg #120. Neurontin 600mg #180. A utilization review decision 09-24-2015 Non-certified: Naproxen 500mg #60. Percocet 10/325mg #120. Zolpidem 10mg #30. And certified: Soma 350 mg #120. Neurontin 600mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen 500mg #60 is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Percocet 10/325mg #120 is not medically necessary.

Zolpidem 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, Pain (Chronic), 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 (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Zolpidem 10mg #30 is not medically necessary.

Soma 350mg #120: Upheld

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

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #120 is not medically necessary.