

Case Number:	CM15-0200044		
Date Assigned:	10/20/2015	Date of Injury:	01/27/2006
Decision Date:	11/19/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/12/2015

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: Anesthesiology

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 58 year old female, who sustained an industrial injury on 1-27-2006. The injured worker is undergoing treatment for status post cervical fusion, cervicgia, persistent lumbago. On 9-17-15, she reported having recently been hospitalized for seizures. She also reported increased neck pain. There is notation of her recently receiving botox injections with limited relief. On 10/15/15, she reported increased neck pain with radiation to bilateral upper extremities. She indicated patches and creams were helping to manage her pain. She also reported seizure like symptoms and having "great difficulty" with activities of daily living. Physical examination revealed and unsteady gait, positive spurling's test, and ambulation with a walker. The records do not discuss a current assessment of her sleep hygiene, cognitive behavioral therapy, muscle spasms, functional status, or efficacy of medications. The treatment and diagnostic testing to date has included cervical fusion (date unclear), medications, walker. Medications have included Percocet, Imitrex, Ambien, Soma, Terocin patches, and topical creams. The records indicate she has been utilizing Imitrex, Soma, and Ambien, since at least April 2015, possibly longer. The records also indicate she has been utilizing opiate drugs since at least April 2015, possibly longer. Current work status: retired. The request for authorization is for: Percocet 5-325mg quantity 90, Imitrex 50mg quantity 9, Ambien CR 12.5mg quantity 30, and Soma 350mg quantity 60. The UR dated 10-8-2015: non-certified Percocet 5-325mg quantity 90 approved weaning, weaning dose x3; non-certified Imitrex 50mg quantity 9; Ambien CR 12.5mg quantity 30, approved weaning, weaning dose x3; and non-certified Soma 350mg quantity 60, approved weaning, weaning dose x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed were not prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary. The requested medication is not medically necessary.

Imitrex 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Imitrex (Sumatriptan succinate).

Decision rationale: The MTUS guidelines are silent on Imitrex (Sumatriptan succinate). The ODG Guidelines were consulted. According to the ODG, triptans are recommended for patients who suffer from migraines. The recent progress notes did not include subjective or objective findings related to headaches and the need for the medication. Although triptans are an option for treatment of migraine headaches, per the cited ODG reference, the treating physician in this case has not provided sufficient clinical information to support the diagnosis and treatment.

There is no indication that this patient has migraine headaches. Therefore, the request for Imitrex is not medically necessary.

Ambien CR 12.5mg #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.

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

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks), and is rarely recommended for long-term use. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. It can be habit-forming, and may impair function and memory more than opioid analgesics. 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, there is no documentation indicating that the patient has insomnia that would warrant Ambien CR. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Soma 350mg #60: 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), 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. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. In this case, there is no documentation of how long the patient has been taking Soma or documentation of a significant benefit from this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.