

<b>Case Number:</b>	CM15-0205598		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44 year old female, who sustained an industrial injury on 12-13-04. The injured worker was diagnosed as having right lumbar radiculopathy, status post lumbar spine surgery in 2009, discogenic low back pain at the L4-5 level, lumbar strain and sprain syndrome, depression, anxiety and insomnia. Treatment to date has included lumbar trigger point injections and medication including Norco, Soma, and Prilosec. The injured worker had been taking Norco, Soma, and Prilosec since at least March 2015. On 8-27-15 the treating physician noted that the patient reported that during the course of the performance of activities of daily living, there is still a significant amount of pain and stiffness of the lumbar spine and lower extremity. Physical examination findings on 8-27-15 included paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch of the lumbar spine, and a positive straight leg raise with pain. On 8-27-15, the injured worker complained of low back pain. The treating physician requested authorization for Ambien 5mg #30, Norco 10-325mg #120, Soma 350mg #90, and Prilosec 20mg #30. On 9-28-15 the request for Norco 10-325mg #120 was non-certified but one month supply was certified to allow for weaning. All other requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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 (ODG), Mental illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Insomnia.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sleep medications can be utilized for the short term treatment of insomnia. The guidelines recommend that insomnia be investigated for correctable causes and treatments. The chronic use of sleep medication can be associated with the development of tolerance, addiction, daytime somnolence and adverse interaction with other sedative agents. The records indicate that the duration of Ambien had exceeded the guidelines recommended period of 4 to 6 weeks. The patient is utilizing multiple sedative medications concurrently. The criteria for the use of Ambien 5mg #30 was not met. The request is not medically necessary.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioid.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The records did not show guidelines recommended compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The guidelines recommend that patients with significant depression and anxiety be treated with anticonvulsant and anti-depressant co-analgesic medications. The records did not show that the patient failed treatment with non opioid co-analgesic medications. The criteria for the use of Norco 10/325mg #120 was not met. The request is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative agents. The chronic use of Soma is associated with significant risk of addiction because of meprobamate, the anesthetic like metabolite. The records did not show guidelines recommended compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The duration of utilization of Soma had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The records did not show that the patient failed treatment with non co-analgesic medications. The criteria for the use of Soma 350mg #90 was not met. The request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal disease associated with chronic utilization of NSAIDs. The records did not show that the patient is utilizing NSAID medications. There is no documentation of a significant history of gastrointestinal disease or NSAIDs related complications. The criteria for the use of Prilosec 20mg #30 was not met. The request is not medically necessary.