

Case Number:	CM15-0211267		
Date Assigned:	10/30/2015	Date of Injury:	10/10/2002
Decision Date:	12/11/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male, who sustained an industrial injury on 10-10-2002. Diagnoses include cervical sprain-strain, bilateral shoulder impingement, and lateral epicondylitis of left elbow, De Quervain's tenosynovitis at right elbow, status post lumbar surgery, and status post bilateral knee arthroscopy. Treatments to date include activity modification, medication therapy, physical therapy, and cervical steroid epidural injection and lumbar steroid epidural injections. On 10-13-15, he complained of increased pain. Pain was noted in the lumbar spine associated with numbness and weakness, as well as bilateral wrist pain with weakness and radiation to left elbow. There was pain in the cervical spine with radiation to bilateral shoulders. There was weakness noted in bilateral knees. Pain was rated 8-9 out of 10 VAS without medication and 4-5 out of 10 VAS with medication. Current medications were not listed; however, the records documented Soma, Ambien, Norco, and topical compounds were ordered at the August 2015 evaluation. There was no documentation regarding medication improving functional ability. The physical examination documented tenderness and spasms in lumbar and cervical spines. There was decreased range of motion. Tenderness of bilateral wrists and knees noted. The plan of care included prescriptions for Norco, Soma, and Ambien, and a request for a urine analysis. The appeal requested authorization for a urine analysis, Soma 350mg Tablets #90, and Ambien 10mg tablets #20. The Utilization Review dated 10-26-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury in October 2002 and underwent bilateral knee surgeries in 2011 and a lumbar decompression and fusion in July 2013. In October 2015, he was having an exacerbation of pain with sharp lumbar spine pain associated with numbness and weakness. He was having bilateral wrist pain with radiation of pain to the left elbow and with weakness. He had cervical spine pain radiating to the shoulders and bilateral knee weakness. Medications were decreasing pain from 8-9/10 to 4-5/10. Norco, Soma, and Ambien were being prescribed. Physical examination findings included cervical and lumbar tenderness with spasms. There was decreased lumbar range of motion. There was bilateral wrist and knee tenderness. There was knee crepitus and an altered gait. Medications were continued. Authorization for urine drug screening was requested. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and Norco is being prescribed. The request is medically necessary.

Soma 350mg #90: 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 claimant has a remote history of a work injury in October 2002 and underwent bilateral knee surgeries in 2011 and a lumbar decompression and fusion in July 2013. In October 2015, he was having an exacerbation of pain with sharp lumbar spine pain associated with numbness and weakness. He was having bilateral wrist pain with radiation of pain to the left elbow and with weakness. He had cervical spine pain radiating to the shoulders and bilateral knee weakness. Medications were decreasing pain from 8-9/10 to 4-5/10. Norco, Soma, and Ambien were being prescribed. Physical examination findings included cervical and lumbar tenderness with spasms. There was decreased lumbar range of motion. There was bilateral wrist and knee tenderness. There was knee crepitus and an altered gait. Medications were continued. Authorization for urine drug screening was requested. Soma (carisoprodol) is a muscle relaxant

which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.

Ambien 10mg #20: 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), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury in October 2002 and underwent bilateral knee surgeries in 2011 and a lumbar decompression and fusion in July 2013. In October 2015, he was having an exacerbation of pain with sharp lumbar spine pain associated with numbness and weakness. He was having bilateral wrist pain with radiation of pain to the left elbow and with weakness. He had cervical spine pain radiating to the shoulders and bilateral knee weakness. Medications were decreasing pain from 8-9/10 to 4-5/10. Norco, Soma, and Ambien were being prescribed. Physical examination findings included cervical and lumbar tenderness with spasms. There was decreased lumbar range of motion. There was bilateral wrist and knee tenderness. There was knee crepitus and an altered gait. Medications were continued. Authorization for urine drug screening was requested. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.