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| Case Number: | CM15-0036599 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 05/20/1998 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female who sustained an industrial injury on 5/20/98. She currently complains of bilateral leg, left shoulder, bilateral buttocks, bilateral hip, left knee and bilateral low back pain. The pain is sharp, achy, cramping and is worsening. Her sleep is affected. The pain intensity with medications is 1-3/10. Her activities of daily living are limited. She ambulates with a cane. Medications are Ambien, oxycontin, Norco, Soma, Lidocaine 5% ointment, Nexium, ibuprofen. Diagnoses include left knee arthroscopy (10/3/14, 2002 and 1999); chronic pain syndrome; lumbar back pain with bilateral radiculopathy; degenerative disc disease, lumbar spine, annular tear, L2-4; shoulder joint pain; bilateral knee pain; depression; anxiety; sleep disorder; headache. Treatments to date include numerous epidural steroid injections, physical therapy. Diagnostics include MRI lumbar spine (1/28/11) revealing significant facet arthropathy at L4-5; computed tomography (5/29/02) revealed annular tears, anterior at both L2-3 and L3-4; lumbar MRI (3/1/03) revealed degenerative disc disease. In the progress note dated 2/3/15 the treating provider refilled the above medications and was advised to use the short acting opioid on an as needed basis. On 2/12/15 Utilization review non-certified the requests for Soma 250 mg # 120; Norco 10/325 mg # 180; Oxycontin 20 mg # 180; Ambien 10 mg # 30 citing MTUS: Muscle Relaxants; MTUS: Chronic pain Medical treatment Guidelines: Opioids; ODG: Pain Chapter: Zolpidem respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This 53 year old female has complained of leg pain, left shoulder pain, bilateral hip pain and low back pain since date of injury 5/20/98. She has been treated with left knee arthroscopic surgery, supartz injection, epidural steroid injection and medications to include Carisoprodol since at least 07/2014. The current request is for Carisoprodol. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

Norco (Hydrocodone-Acetaminophen) 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old female has complained of leg pain, left shoulder pain, bilateral hip pain and low back pain since date of injury 5/20/98. She has been treated with left knee arthroscopic surgery, supartz injection, epidural steroid injection and medications to include opioids since at least 07/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Oxycontin (Oxycodone HCL) 20mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old female has complained of leg pain, left shoulder pain, bilateral hip pain and low back pain since date of injury 5/20/98. She has been treated with left

knee arthroscopic surgery, supartz injection, epidural steroid injection and medications to include opioids since at least 07/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Ambien (Zolpidem Tartrate) 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 53 year old female has complained of leg pain, left shoulder pain, bilateral hip pain and low back pain since date of injury 5/20/98. She has been treated with left knee arthroscopic surgery, supartz injection, epidural steroid injection and medications to include ambien since at least 07/2014. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short-term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. Additionally, Ambien has been used for a longer period of time than recommended. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.