

Case Number:	CM15-0037583		
Date Assigned:	03/06/2015	Date of Injury:	04/19/2000
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, 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 applicant is a represented 64-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 19, 2000. In multiple Utilization Review Reports dated February 20, 2015, the claims administrator failed to approve requests for Soma, Celebrex, morphine, and Ambien. A January 30, 2015 progress note was referenced in the determination; along with a February 11, 2015 RFA form. The applicant's attorney subsequently appealed. On December 5, 2014, the applicant reported ongoing complaints of low back and neck pain status post earlier failed lumbar and cervical laminectomy surgeries. The applicant's medications include Phenergan, MiraLax, Ambien, Celebrex, Neurontin, and morphine. All medications were refilled. The attending provider stated that the applicant's pain medications were keeping his pain tolerable. 9/10 pain without medications was reported versus 5/10 pain with medications. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In an earlier note of June 20, 2014, the attending provider acknowledged that the applicant was using Phenergan, MiraLax, Ambien, Celebrex, Norco, MS Contin, and Soma as of that point in time. In an RFA form dated February 10, 2015, the attending provider went on to renew Soma, morphine, Ambien, Celebrex, and Neurontin. A January 30, 2015 was notable for comments that the applicant reported decreased mobility, poor sleep, and general unhappiness owing to ongoing chronic pain complaints. Permanent work restrictions were, once again, renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one tablet 3 times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

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

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was concurrently using morphine, an opioid agent, and had seemingly been employing Soma for what appeared to be a minimum of several months to several years. Continued usage of the same, thus, was at odds with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Celebrex 200mg, 2 tablet daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitor such as Celebrex may be considered in applicants who have a risk of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, it did not appear that ongoing usage of Celebrex had, in fact, generated significant benefit. The applicant remained off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of Celebrex had failed to curtail the applicant's dependence on opioid agents such as morphine or muscle relaxants such as Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

MS Contin 15mg, one tablet 3 times daily, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, including ongoing morphine consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same (if any). Therefore, the request was not medically necessary.

Ambien CR 12.5mg, one tablet at bedtime daily #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, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes should be well informed regarding usage of the same and should, furthermore, furnish clear or compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has apparently been using Ambien for what appears to be a minimum of several months to several years. Such usage was, however, incompatible with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.