

Case Number:	CM15-0038011		
Date Assigned:	03/06/2015	Date of Injury:	04/10/2010
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 4/10/10. She has reported knee injury after trying to put a walker of a client in the trunk and pulled back on it and hit her knee with the walker. The diagnoses have included meniscus tear, neck sprain, lumbar and thoracic sprain, right shoulder impingement syndrome, left knee strain/sprain, and carpal tunnel syndrome. Treatment to date has included medications, diagnostics and surgery. She was status post-surgery right knee. Currently, as per the physician progress note dated 2/9/15, the injured worker complains of neck, mid back, low back, bilateral upper extremities and bilateral lower extremities pain. Physical exam revealed cervical tenderness and limited range of motion. There was bilateral greater tuberosity tenderness on exam of shoulder. There was right medial joint line tenderness, right anterior thigh tenderness and right knee swelling noted. Work status was modified with restrictions. Recommendation was for medications, arthrogram of the right knee, epidural injection of the cervical spine, urine test and re-evaluate in 4 months. On 2/20/15 Utilization Review non-certified a request for Norco 10/325mg #60, Ambien 5mg #90, Soma 350mg #90, and Urine Toxicology Screen, noting the (MTUS) Medical Treatment Utilization Schedule guidelines Opioids for chronic pain page 80 was cited, Official Disability Guidelines, Pain, Zolpidem (Ambien) was cited, (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Carisoprodol (Soma), Muscle relaxants, for pain pages 29, 64-66 were cited, and (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Urine Drug Screen page 43 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 76-78 and 88-89.

Decision rationale: According to the 02/09/2015 progress report, this patient presents with neck pain, mid back pain, low back pain, bilateral upper extremities pain and bilateral lower extremities pain. The current request is for Norco 10/325mg #60. This medication was first mentioned in the 09/15/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is return to modified work on 02/10/2015 with limitations. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

Ambien 5mg #90: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

Decision rationale: According to the 02/09/2015 progress report, this patient presents with neck pain, mid back pain, low back pain, bilateral upper extremities pain and bilateral lower extremities pain. The current request is for Ambien 5mg #90. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Ambien #90. The medical records provided for review indicate the patient has been

prescribed Ambien since 09/15/2014. The treating physician does not document that the patient has neither a sleeping issue nor the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. The ODG Guidelines do not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants, for pain Page(s): 29 and 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 02/09/2015 progress report, this patient presents with neck pain, mid back pain, low back pain, bilateral upper extremities pain and bilateral lower extremities pain. The current request is for Soma 350mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Soma #90 and this medication was first noted in the 09/15/2014 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter under urine drug testing.

Decision rationale: According to the 02/09/2015 progress report, this patient presents with neck pain, mid back pain, low back pain, bilateral upper extremities pain and bilateral lower extremities pain. The current request is for Urine Toxicology Screen and Utilization Review states, "There is no documentation of the dates of the previous drug screening over neither the past 12 months, nor what those results were and any potential related actions taken."Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of

chronic opiate use in low risk patient. In reviewing the available medical records indicate the patient is currently on Norco, an opiate. The reports do not show any recent UDS and UR allured that there is no UDS in the past 12 month. In this case, given the patient's current opiate use, UDS's once or twice per year on a random basis is supported by ODG guidelines. The current request IS medically necessary.