

<b>Case Number:</b>	CM15-0058888		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 53-year-old female who reported an injury on 08/21/2001. The mechanism of injury was not specifically stated. The current diagnoses include degenerative cervical intervertebral disc, cervicalgia, degeneration of thoracic/thoracolumbar disc, degeneration of lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis, lumbago, cervicocranial syndrome, carpal tunnel syndrome, and lumbar postlaminectomy syndrome. The injured worker presented on 03/12/2015 for a follow-up evaluation with complaints of severe pain in the neck, bilateral shoulders, and low back. The injured worker also reported poor sleep quality. The current medication regimen includes Ambien, Dilaudid, methadone, Prilosec, Soma, and Viibryd. Upon examination, the injured worker was unable to sit secondary to severe left lower extremity pain. The injured worker had baseline neck pain on the right greater than left side. The injured worker reported radicular symptoms in the bilateral lower extremities with numbness and tingling. Sacroiliac occiput tenderness was noted on the right. There were no new neurological deficits noted. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90, 1 tab PO Q8H; 30 day fill: 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 Page(s): 61-62.

**Decision rationale:** California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the injured worker has continuously utilized the above medication for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to report severe pains over multiple areas of the body, with poor sleep quality. The medical necessity for the ongoing use of this medication has not been established. As such, the request is not medically necessary.

**Dilaudid 4mg tabs #150, 5 tabs per day; 30 day fill: 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 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration. Despite the ongoing use of this medication, the injured worker reported severe pain over multiple areas of the body with poor sleep quality. The medical necessity for the ongoing use of this medication has not been established. Therefore, the request is not medically necessary.

**Soma 350mg tabs #60, 1 tab PO BID; 30 day fill: 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 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The injured worker has continuously utilized the above

medication for an unknown duration. The guidelines would not support long term use of this medication. Given the above, the request is not medically necessary.

**Ambien 5mg tabs #30, 1 tab PO QHS; 30 day fill: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia, with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. In addition, the injured worker has continuously utilized the above medication for an unknown duration. Despite the ongoing use of this medication, the injured worker reported poor sleep quality. There is no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. The guidelines do not support long term use of hypnotics. Given the above, the request is not medically necessary.

**Viibryd 20mg tabs #30, 1 tab PO QD; 30 day fill: 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 California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 28 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Vilazodone.

**Decision rationale:** According to the U.S. National Library of Medicine, Viibryd is used to treat depression. In this case, the injured worker does not maintain a diagnosis of depression. There is no comprehensive psychological examination provided. The medical necessity for the ongoing use of this medication has not been established. Given the above, the request is not medically necessary.

**Prilosec 10mg tabs, 1 tab PO QD; 30 day fill: 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 Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate.