

Case Number:	CM15-0081777		
Date Assigned:	05/04/2015	Date of Injury:	12/20/1996
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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, California

Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 12/20/96. Initial complaints are note noted. The injured worker was diagnosed as having left shoulder bursitis; left shoulder impingement syndrome; lumbar radiculopathy; degenerative disc disease lumbar; post-laminectomy syndrome lumbar region. Treatment to date has included physical therapy; epidural steroid injections; status post multilevel lumbar fusion (1997); status post spinal cord stimulator implant and removal (no report); status post left shoulder rotator cuff repair with hardware (no report); medications. Diagnostics completed are notes as X-rays, MRIs and CT scans but there are no reports or date these were completed. Currently, the PR-2 notes dated 4/2/15. Please note several documents within the submitted medical records are difficult to decipher due to a poor copy. The documentation indicates the injured worker continues to have the same low back pain and medications have allowed him to function and maintain his daily activities. It is noted without medications pain levels are at 8/10 and with medications 4/10. Physical examination of the lumbar spine revealed tenderness on palpation, no muscle spasm, positive SLR, limited range of motion, decreased sensation and reflexes and muscle weakness. The provider has requested these medications: Gralise 600mg #90 with 3 refills; Ambien 10mg #30 with 3 refills; Soma 350mg #30 with 3 refills; Norco 10/325mg #120. The medication list include Soma, and Norco, Gralice, and Ambien. The patient had received ESI for this injury. A recent detailed psychological evaluation note was not specified in the records provided A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 3 refills: 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), Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/15) Zolpidem.

Decision rationale: Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 5 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg #30 with 3 refills is not fully established in this patient.

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma).

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants

with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 12/20/96. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma is not established for this patient.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Norco, was not specified in the records provided whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.

Gralise 600mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) page(s) 18-19.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." The injured worker was diagnosed as having left shoulder bursitis; left shoulder impingement syndrome; lumbar radiculopathy; degenerative disc disease lumbar; post-laminectomy syndrome lumbar region. Treatment to date has included physical therapy; epidural steroid injections; status post multilevel lumbar fusion (1997); status post spinal cord stimulator implant and removal (no report); status post left shoulder rotator cuff repair with hardware (no report); medications. It is noted without medications pain levels are at 8/10 and with medications 4/10. Physical examination of the lumbar spine revealed tenderness on palpation, positive SLR, limited range of motion, decreased sensation and reflexes and muscle weakness. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Gralise are medically appropriate and necessary in this patient. The request for Gralise 600mg #90 with 3 refills is medically necessary and appropriate for this patient.