MAXIMUS Federal Services

Case Number:	CM14-0114568		
Date Assigned:	09/22/2014	Date of Injury:	06/04/2010
Decision Date:	10/27/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 4, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; sleep aids; unspecified amounts of physical therapy; epidural steroid injection therapy; carpal tunnel release surgery; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for Norco, partially certified a request for Duragesic, denied a request for Soma, denied a request for Ambien, and denied a request for Lioresal.The applicant's attorney subsequently appealed.In a March 31, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg and bilateral elbow and bilateral upper extremity pain. The applicant posited that ongoing usage of fentanyl for chronic pain and Norco for breakthrough pain was ameliorating his pain complaints. The applicant also stated that Cymbalta was ameliorating depressive symptoms. The applicant presented to obtain a medication refill. The applicant was still smoking, it was noted. 10/10 pain was reported without medications versus 5/10 with medications. The applicant was having difficulty lying down, bending, and lifting, it was stated. Multiple medications were refilled. Epidural steroid injection therapy was endorsed. A rather proscriptive 15-pound lifting limitation was also imposed. It was not clearly stated whether or not the applicant was working with said limitation in place.In a June 20, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that he was scheduled to return to work shortly. The applicant stated that his ability to perform activities of daily living was reportedly ameliorated with ongoing medication. 10/10 pain was reported without medications versus 5/10 with medications. It was again stated that the applicant's pain was aggravated by sitting, lying, down, bending, and

lifting. It was stated that the applicant was still smoking. In another section of the report, it was stated that the applicant was working full time as a dry wall finisher. Fentanyl, Norco, Ambien, baclofen, and Soma were endorsed. A 15-pound lifting limitation was endorsed at the bottom of the report. Despite the incongruous reporting of the applicant's work status on several occasions, it did appear that the applicant was either working or scheduled to return to work shortly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg 10/325mg #180: Overturned

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

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

Decision rationale: 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. In this case, the applicant has either returned to or is scheduled to return to work as a dry wall finisher, it has been suggested on several occasions, reportedly effected as a result of ongoing opioid usage, including ongoing Norco usage. The applicant's pain levels have been appropriately reduced from 10/10 without medications to 5-10 with medications, it was suggested on several occasions, referenced above. The applicant's ability to perform home exercises has likewise been ameliorated as a result of ongoing opioid therapy, it was stated on several occasions, also referenced above. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma0.

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

Decision rationale: 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. In this case, the applicant is using two separate agents, Norco and Duragesic. Adding carisoprodol or Soma to the mix on the chronic, long-term basis for which it is being proposed here is not indicated, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Duragesic 75mcg patch #10: Overturned

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 When to Continue Opioids topic..

Decision rationale: 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. In this case, the applicant has apparently returned to work as a dry wall finisher, the attending provider has posited, reportedly a function of ongoing opioid therapy, including ongoing Duragesic usage. The applicant has reported an improved ability to perform home exercises through ongoing opioid therapy and has, furthermore, reported appropriate reduction in pain levels from 10/10 without medications to 5/10 with medications. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Ambien 10mg #30: 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): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The 30-tablet supply of Ambien being endorsed here, however, implies chronic, long-term, and/or nightly use of the same. This is not an FDA-endorsed role for Ambien. The attending provider has failed to provide any compelling applicant-specific rationale or medical evidence which would offset the FDA position on the article at issue. Therefore, the request is not medically necessary.

Liorisal 10mg #90: 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 Baclofen sectionMuscle Relaxants Page(s): 7, 64, 63.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries and can be employed off-label for neuropathic pain, this recommendation is 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 "other medications" into his choice of recommendations. In this case, the attending provider has not outlined a clear or compelling rationale for provision of two separate muscle relaxants, Soma and Lioresal (baclofen), particularly when page 63 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that muscle relaxants should be employed for short-term exacerbations of chronic low back pain. Therefore, the request is not medically necessary.