

Case Number:	CM14-0129601		
Date Assigned:	08/20/2014	Date of Injury:	05/18/2007
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 5/18/07 date of injury. At the time (6/27/14) of the request for authorization for Norco 10/325mg #120 with 2 refills, Soma 350mg #30 with 2 refills, and Ambien 10mg #30 with 2 refills, there is documentation of subjective (pain 6/10) and objective (lumbar spine range of motion is restricted, paravertebral muscle spasm and tenderness is noted on both the sides, provocative facet maneuvers are positive on the right) findings, current diagnoses (lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified), and treatment to date (medication including Norco, Soma, and Ambien for over a year with increased function around the house and reduced pain, sleeping better and improved mood). In addition, there is documentation of a signed opioid agreement. Regarding Soma 350mg #30 with 2 refills, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks). Regarding Ambien 10mg #30 with 2 refills, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for prospective request for Norco 10/325mg #120 with 2 refills is medically necessary.

Soma 350mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. In addition, there is documentation of treatment with Soma for over a year and functional benefit with use of Soma. However, there is no documentation of acute muscle spasms. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #30 with 2 refills is not medically necessary.

Ambien 10mg #30 with 2 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, Pain Chapter, (Chronic) Zolpidem.

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, Zolpidem.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. In addition, there is documentation of treatment with Ambien for over a year and functional benefit with use of Ambien. However, there is no documentation of insomnia. In addition, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 with 2 refills is not medically necessary.