

Case Number:	CM14-0130196		
Date Assigned:	08/20/2014	Date of Injury:	01/11/2002
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 56-year-old female who has submitted a claim for cervical degenerative disc disease and lumbar degenerative disc disease associated with an industrial injury date of January 11, 2002. Medical records from 2014 were reviewed. There are no progress notes in the past 90 days. The most recent progress note was from 4/18/2014 which showed that the patient complained of pain any myospasm in the cervical and lumbar region. Cervical spine examination revealed crepitanace with motion, tenderness in the pericervical area with guarding, muscle spasm and absence of changes in the symptoms upon compression and distraction of the neck. Examination of the lumbosacral spine revealed tenderness in the sacrum, PSIS and piriformis, restricted ROM, guarding with motion, muscle spasm, and positive SLR bilaterally. Treatment to date has included medications and therapeutic exercises in the water. Medications include Norco (since at least March 28, 2014), Soma (since at least March 28, 2014), Prilosec (since at least March 28, 2014), Ambien (since at least March 28, 2014) and Motrin (since at least March 28, 2014). Utilization review from July 18, 2014 denied the request for Norco 7.5/325mg #100 with 3 refills, Soma 350mg #90 with 3 refills, Prilosec 20mg #30 with 3 refills, Ambien 5mg #30 with 3 refills and Motrin 800mg #90 with 3 refills. The requests for Norco, Motrin and Soma were denied because the guidelines do not support the long-term use of these medications. The request for Prilosec was denied because the patient was not at increased risk for gastrointestinal events. The request for Ambien was denied because there was no evidence of insomnia and a trial of standard sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #100 with 3 refills: 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 Opioids, Ongoing Management, Page(s): page(s) 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least March 28, 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 7.5/325mg #100 with 3 refills is not medically necessary.

Soma 350mg #90 with 3 refills: 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 2009: Carisoprodol (Soma), Carisoprodol (Soma, Soprodol 350TM, Vanadom, generic availabl.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as early as March 28, 2014. The guideline does not support use of more than 3 weeks. The medical necessity has not been established. Therefore, the request for Soma Soma 350mg #90 with 3 refills is not medically necessary.

Prilosec 20mg #30 with 3 refills: 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 Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): , page(s) 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Prilosec 20mg #30 with 3 refills is not medically necessary.

Ambien 5mg #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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693025.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain, Zolpidem

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, Ambien was prescribed since at least March 2014. Use of Ambien is approved only for short-term treatment and in this patient treatment with this medication has clearly exceeded the time frame set according to the guidelines. Moreover, the patient's sleep problem was not described in the available progress notes and there is no evidence that sleep hygiene techniques have been tried before. Therefore, the request for Ambien 5mg #30 with 3 refills is not medically necessary.

Motrin 800mg #90 with 3 refills: 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 9792.24.2, NSAIDs, Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Motrin since March 28, 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use.

Long-term use is likewise not recommended. Therefore, the request for Motrin 800mg #90 with 3 refills is not medically necessary.