

Case Number:	CM14-0143517		
Date Assigned:	09/10/2014	Date of Injury:	05/27/2004
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 61-year-old female with a reported date of injury on 05/27/2004. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbago, and encounter for a therapeutic drug monitoring, failed back surgery/postlaminectomy syndrome to the lumbar region, radicular syndrome (thoracic/lumbosacral), sacroiliitis, and insomnia. Her previous treatments were noted to include medications, spinal cord stimulator, and psychological examination. The progress note dated 06/12/2014 revealed complaints of pain to the low back and low extremity rated 5/10 to 8/10 on the pain scale. The injured worker noted radicular pain extended to her feet and the pain was affecting her quality of life. The injured worker had a permanent spinal cord stimulator placement performed 05/27/2014 and noted improved activity following the procedure. The injured worker noted a reduction in pain. The injured worker was utilizing Percocet 10/325 mg which she took up to 4 to 5 times per day. The injured worker reported following the procedure that she took 6 tablets. The injured worker indicated this had reduced her pain by 50% and she was capable of performing her activities of daily living at that dose. The injured worker indicated she took clonazepam 1 mg at night and was also using this for anxiety with benefit, and Soma 350 mg daily to twice a day as needed for muscle spasms and noted minimal benefit with the clonazepam. The injured worker denied side effects with the medications. The physical examination revealed 3+ tenderness to the bilateral hip bursa without redness or erythema. There was tenderness at the facet joint from the mid thoracic L2-3 through L5-S1 and pain with range of motion. The motor strength was rated 4/5 to the bilateral extremities and there was diminished sensation to the left and right L4 nerve root and absent reflexes to the bilateral lower extremities. The provider indicated to start Ambien 10 mg at bedtime as needed on a trial basis. The progress note dated 08/07/2014 revealed complaints of pain to the low back and lower

extremity rated 6/10 to 9/10 on the pain scale. The injured worker revealed radicular pain extended in to her feet and the pain was affecting her quality of life. The injured worker complained of difficulty performing her activities of daily living. The injured worker was taking Percocet 10/325 mg which she took up to 4 to 5 times per day. The injured worker indicated this had reduced her pain by 50% and she was capable of performing her activities of daily living at that dose. The injured worker took clonazepam 1 mg half a tablet daily as needed for anxiety with benefit and Soma 350 mg daily to twice a day for muscle spasms. The injured worker noted minimal benefit with the clonazepam. The injured worker was also taking 10 mg Ambien at bedtime with benefit and noted improved sleep with the medication. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbosacral spine and tenderness at the facet joint from the mid thoracic L2-3 through L5-S1, and pain with the range of motion. There was positive straight leg raise on the bilateral lower extremities and 4+ bilateral sacroiliac joint tenderness. There was pain in the L4 distribution on the left and right and 3+ the bilateral hip bursa tenderness without redness or erythema. The motor strength was rated 4/5 to the bilateral extremities with diminished sensation to the left and right L4 nerve root with absent reflexes to the bilateral lower extremities. The Request for Authorization Form dated 08/14/2014 was for Ambien 10 mg #302 for insomnia, clonazepam 1 mg #153 for anxiety, Soma 350 mg #604 as needed for muscle spasms, and Percocet 10/325 mg #150 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #302: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment For Workers' Compensation- Pain

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

Decision rationale: The request for Ambien 10 mg #302 was not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. The Official Disability Guidelines state Zolpidem is a prescription short acting nonbenzodiazepines hypnotic, which is approved for short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function in memory more than opioid pain relievers. There was also concern that they may increase pain and depression over the long term. The injured worker indicated she was sleeping longer with the utilization of this medication; however, the guidelines recommend no longer than 2 to 6 weeks and the injured worker has been utilizing this medication for approximately 3 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Clonazepam 1mg #153: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for clonazepam 1 mg #153 is not medically necessary. The injured worker has been utilizing this medication since 12/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Soma 350mg #604: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Soma 350 mg #604 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line options for short term treatment of acute low back pain and there use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the frequency is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #150 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated Percocet reduced her pain by 50% and she was capable of performing her activities of daily living at that dose. The injured worker denied side effects. The provider indicated the urine drug screen performed 06/2014 was consistent with the medications. The guidelines state opioids appear to be efficacious but limited for short term pain relief and long term efficacy is unclear (greater than 16 weeks). Despite the evidence of the 4A's being met, the guidelines do not recommend long term utilization of this medication and injured worker has been utilizing this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.